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B.Sc(Ed) Health Education

HED124:Community Health Education

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INTRODUCTION

Community health is concerned with all the scientific measures for improving the quality of life so that people as individual may enjoy long life and maximal productivity to the best of their abilities. The measure includes protective and promotive services made available to the people in the form of preventive, curative, and rehabilitative health programmes. Public health on the other hand has been defined as the science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals

The national health policy aims to achieve health for all Nigerians based on the national philosophy on social justice and equity. A health system based on Primary Health care (PHC) is adopted for the means of achieving the goals, health for all by the year 2000. According to WHO, "Health for All" does not mean an end to disease and disability, or that doctors and nurses will care for everyone. It means that resources for health are evenly distributed and that essential health care is accessible to everyone. It means that health begins at home, in schools, and at the workplace, and that people use better approaches for preventing illness and alleviating unavoidable disease and disability. It means that people recognize that ill-health is not inevitable and that they can shape their own lives and the lives of their families, free from the avoidable burden of disease.

Community-based health services are health services are part of community provision for improvement of the life and development of their people. Community health education is especially a matter of working with organizations voluntary, bodies, and groups.

The need to carry out any programme should be established before embarking on such a programme. In the case of a community health programme, there are certain things that need to be done to ensure adequate planning and its implementation. These things include:

Community Diagnosis, Prioritization of the Community health needs, Establishing Objectives, Assessing the barriers to the health programme and how they may be overcome, Appraising Apparent and Potential Resources e.g. their organizations, personnel, material and funds and Evaluation.

WHAT YOU WILL LEARN IN THIS COURSE

This course guide tells you briefly what to expect from reading this material. The material you require and how you can successfully work through this course are discussed. It suggests some general guideline for the amount of time you may wish to spend in each unit of course, your tutor-marked assignments and evaluation of the course.

COURSE COMPETENCIES

The aim of this course is to provide you with an understanding and appreciation of meaning of community health the concept of health for all by 2000 and beyond. Understanding primary health care and other levels of health care delivery system. Community need assessment and community health needs are to be learnt.

COURSE OBJECTIVES

In addition to the above aims, this course has 15 units with specific objectives of each unit defined. These are always included in the beginning of a unit. You are advised to read them carefully before you start reading through the unit. You may wish to refer to them as you through the unit and/or at the end of the unit to ascertain the level of your progress, and to make sure that you have done what you are required to do in the unit.

On successful completion of this course, you should be able to do;

1. Define community health
2. Define health education
3. State and explain the objectives of health education
4. State the aims of the National Health Policy
5. List the goals of National Health Policy
6. State the objectives of Health Education
7. Explain the concept principles of Health Education
8. State the objectives of the Health Care system
9. List the three (3) tiers of health care system
10. Explain the functions of each tier of the Health Care system
11. Explain the roles and functions of the Federal Ministry of Health

WORKING THROUGH THE COURSE

In order to complete this course successfully, you are required to read the study the study units, read the reference books, and any other material provided by NOUN. You are also required to spend a lot of time to study the content of this material. Do your tutor-marked assignments and consult your facilitator where necessary.

STUDY UNITS

There are 15 study units in this course. They are as follows:

Module 1

- Unit 1: Community Health Introduction
- Unit 2: Meaning and Objective of Health Education
- Unit 3: Health Education Services
- Unit 4: The Goals of the National Health Policy
- Unit 5: Objectives and Concept Principles of Health Education

Module 2

- Unit 6: Health Care System
- Unit 7: Roles and Functions of Federal Ministry of Health
- Unit 8: Primary Health Care
- Unit 9: Roles and Functions of International Organizations
- Unit 10: Roles of the States and Local Ministry of Health
- Unit 11: Health for All

Module 3

- Unit 12: Community-Based Health and Extension Services
- Unit 13: Community need assessment
- Unit 14: Community mobilization and Community Diagnosis
- Unit 15: Immunization
- Unit 16: Consolidation

COURSE MATERIALS

You will be provided with the following

- Course Guide
- Study Units

In addition, you are required to consult the recorded textbooks and do your assignment

ASSESSMENT

There are two aspects to the assessment of the course. These are the tutor-marked assessment and the final end of the semester examination. In attending to the assignments, you are required to draw from your knowledge and techniques gathered from the course. The assignment must be submitted to your tutor for assessment, in accordance with the deadline given to you.

THE PRESENTATION SCHEDULE

The presentation schedule included in your course materials gives you the important dates for the completion of tutor-marked assignments (TMAs) and attending tutorials. Remember, you are to submit all your assignment by the dates stipulated. You should guide against lagging behind in your work.

TUTOR-MARKED ASSIGNMENT

You are expected to submit six tutor-marked assignments on the whole. The best four of this six will be used for your assignment. The tutor-marked assignments will count for 30% of your total score in this course. You are encouraged to do these six TMAs. You will be able to complete your assignment from the information and materials contained in your course materials. However, it is desirable that at this degree level in education, you should demonstrate that you have read and researched more widely than the minimum. Using other references, will give you broader view point and may provide a deeper understanding of the course. Try to submit your assignment on time.

FINAL EXAMINATION AND GRADING

The final examination for this course will be three hour duration. It will have a value of 70% of the overall marks. The examination will consist of questions which reflect the type of self-test, activities and TMAs

COURSE MARKING

The following tables lay out how the actual course marking is broken down.

Assignment	Marks
Assignment 1-15	Fifteen assignments @ 5 each = 30% of each mark
Final exam total	70% overall course mark 100% of course mark

COURSE OVERVIEW

An overview of a community and public health, health education and its principles were discussed. The principles of community health, health for all by year 2000 and beyond, level of health care delivery system including primary health care as a tool to achieving health for all by year 200 and beyond are available for your study in this course. The roles of level of government in and Health organizations.

This table brings together the units and number of hours you should take to complete to complete them and the assignment that follow them.

Unit	Title of Work	Hours	Assignment
	Course Guide		
Module 1			
1	Community Health Introduction	3	Assignment 1
2	Meaning and Objective of Health Education	3	Assignment 2
3	Health Education Services	3	Assignment 3
4	The Goals of the National Health Policy	3	Assignment 4
5	Objectives and Concept Principles of Health Education	3	Assignment 5
Module 2			
1	Health Care System		Assignment 6
2	Roles and Functions of Federal Ministry of Health	3	Assignment 7
3	Primary Health Care	3	Assignment 8
4	Roles and Functions of International Organizations	3	Assignment 9
5	Roles of the States and Local Ministry of Health	3	Assignment 10
6	Health for All		
Module 3			
1	Community-Based Health and Extension Services	3	Assignment 11
2	Community need assessment	3	Assignment 12
3	Community mobilization and Community Diagnosis	3	Assignment 13

4	Immunization	3	Assignment 14
5	Consolidation	3	Assignment 15

HOW TO GET THE MOST FROM THIS COURSE

In distance learning, study units replace the University. This is one of the great advantages of distance learning; you can read and study through specially designed study materials at your own disposals at your own pace and at a time and at a place that suits you best. Think of it as reading the lecturer instead of listening to the lecturer. In the same way that a lecturer might set you some readings to do, the study unit tells you when to read your set books or other materials, when to undertake practical work. Just as a lecturer can give you an in-class exercise, your study unit provide for you an exercise to do at an appropriate point. Each of the study units follows a common format. The first item is an introduction to the main matter of the unit and how a particular unit is

integrated with other unit and the course as a whole. Next is a set of learning objectives. These objectives allow you to know what you should be able to do by the time you have completed the unit. This learning objectives are meant to guide your study. The moment a unit is finished, you must go back and check whether you have achieved the objectives or not.

If you make a habit of doing this, you will greatly improve your chances of passing the course. The main body of the unit guides you through the require reading from the other sources. This will usually be either from your set book or from a reading section. Self-tests are interspersed throughout the units and answer are given at the end of each of the test. Working through this self-tests will help you to achieve your objectives of the unit and prepare you for the assignment and examination. You should do each self- test as it comes to it in the study units. There will also be numerous examples given in the study units, work through these also when you come to them too. The following is practical strategy for working through the course. If you run into any problem, get in touch with your tutor. Remember that your tutor's job is to help you. When you help, he will provide them.

- 1) Read this course guide thoroughly
- 2) Organize a study schedule. Refer to the course overview for more details. Note the time you are expected to spend on each unit and how the assignments relate to the unit. Important information e.g. details of your tutorials, and the date of the first day of semester is available from the NOUN. You need to gather together all this information

in one place such as your diary or wall calendar. Whatever method you choose to use, you should decide on and write in your own dates for working on each unit.

- 3) Once you have created your own study, do everything possible to stay faithful. The major reasons students fail is that they get behind in their course work. If you get into difficulty with your schedule, please let your tutor know before it is too late for help.
- 4) Turn to unit one unit 1 and read the introduction and objectives for unit
- 5) Assemble the study materials, Information about what you need for a unit is given in the over view at the beginning of each. You will almost always need both the study unit you are working on and one of your set book on your desk at the same time.
- 6) Work through the unit. The content of the unit itself has been arranged to provide a sequence for you to follow. As you work through the unit, you will be instructed to read sections from your set book or other articles. Use the unit to guide your reading.
- 7) Keep an eye or ear on your television sets. Up-to-date course information will be continuously posted there.
- 8) Well, before the relevant due dates (about four weeks before the date), keep in mind that you will learn a lot by doing the assignment carefully. They have been design to help meet the objectives of the course and therefore will help you to pass the examination. Submit all assignments not later than the due date.
- 9) Review the objectives for each study unit to confirm that you have achieved them. If you feel unsure of any of them, consult your tutor.
- 10) When you are confident that you have achieve a unit's objective, you can then start on the next unit. Try to space your study so that you keep yourself on the schedule.
- 11) When you submitted an assignment to your tutor for marking, do not wait for its return before starting on the next unit. Keep up with your schedule. When the assignment is returned, pay particular attention to your tutor's comment both on the tutor-marked assignment form and also the written comment on the ordinary assignments. Consult your tutor as soon as possible if you any question or problem.
- 12) After completing the last unit, review the course and prepare yourself for the final examination. Check that you have achieved the unit's objective listed at the beginning of each unit and the course objectives listed in this course guide.

SUMMARY

Community health education exposes health educator to the actions that can help promote health in the community. Understanding the roles of local, state and federal government through ministries to deliver quality health services to the community members. After you have completed this course, you will be equipped with the basic knowledge of these concepts and how to apply them in communities and schools. You will be in position to answer these types of questions:

1. Define community health
2. Define health education
3. State and explain the objectives of health education
4. State the aims of the National Health Policy
5. List the goals of National Health Policy
6. State the objectives of Health Education

7. Explain the concept principles of Health Education
8. State the objectives of the Health Care system
9. List the three (3) tiers of health care system
10. Explain the functions of each tier of the Health Care system
11. Explain the roles and functions of the Federal Ministry of Health

We wish you success in your course

MAIN

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Unit 11: Health for All.....

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Unit 13: Community need assessment

Unit 14: Community mobilization and Community Diagnosis.....

Unit 15: Immunization.....

Unit 16: Consolidation.....

COMMUNITY HEALTH EDUCATION

Modules 1: Health Education and national Policy

Unit 1: Community Health Introduction

Unit 2: Meaning and Objective of Health Education

Unit 3: Health Education Services

Unit 4: The Goals of the National Health Policy

Unit 5: Objectives and Concept Principles of Health Education

Module 2: Health Care System

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Modules 1: Health Education and national Policy

Unit 1: Community Health Introduction

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1.0 INTRODUCTION

Health is a state of complete physical mental and social wellbeing and not merely the absence of disease or infirmity. (WHO 1946). The enjoyment of the highest attainable standard of health is one of the fundamental right of every human being without distinction of race, religion, political belief, economic or social condition. Even though the above definition of health given by WHO may be regarded as an ideal state of health, it enables us to recognize the variable which contributes to a healthy condition. It reflects the basic requirement for ensuring a happy and productive life and a quality of life that have always been associated with the characteristics of a healthy person.

The three perspectives from which healthy can be considered: physical, emotional, and social, are dynamic and interrelated. To be optimally healthy, a person must not only be physically fit but must be also be emotionally and socially stable. The physical health of an individual will definitely determine his emotional health, his social stability, and also his economic output.

Some authors argued that the best way to define health is to do so in functional or operational terms. That is, healthy person has to be considered in terms of what distinguishes a healthy person from a sick (unhealthy) person. A healthy person about his normal life, performing any

chosen functions to the limit of his productive potentials except if he is prevented from doing so by external forces beyond his control. Under normal circumstances, the more productive a person in the context of his latent ability, the healthier he is. The protection and promotion of health is ultimately an individual responsibility. For examples, if a person is well informed about the causes of gonorrhea, he will still be a victim of it if he falls to protect himself against it. (the same is true for AIDS and smoking etc).

2.0 Objectives

At the end of the topic, you should be to:

- i. Definition of community health
- ii. Historical background
- iii. Definition of public health

3.0 MAIN CONTENT

3.1 DEFINITION OF COMMUNITY HEALTH

Community health is concerned with all the scientific measures for improving the quality of life so that people as individual may enjoy long life and maximal productivity to the best of their abilities. The measure includes protective and promotive services made available to the people in the form of preventive, curative, and rehabilitative health programmes. They also include the provision of health related facilities in the community such as portable water supply, sanitary disposal of refuse and excreta; prevention of pollution of water, food, land and air; the provision of hygienic houses; the prevention of noise and the control of vectors of diseases, rodent and pests.

3.2 HISTORICAL BACKGROUND OF COMMUNITY HEALTH

Community Health was founded in 1993 by Serafino Garella, MD, a board certified internist and nephrologist. Then chairman of the Department of Medicine at St. Joseph Hospital, Dr. Garella was struck by the growing number of uninsured people in Chicago, and he was curious about the extent of the crisis. He and a group of colleagues went door-to-door in several Chicago neighborhoods, asking people about their health care. Nearly half of the people he surveyed had no insurance, nor access to reliable health care. Shocked by those results and driven by the belief that all people have the right to receive health care, Dr. Garella secured funding and a storefront location. His next step was to recruit several health care professionals to join him in providing care – and with that, Community Health was born. The clinic opened in 1993. At first, it was open just a few hours per week serving a few hundred patients in need.

Over the years, as the demand for services ballooned and the number of volunteers has grown, Community Health has relocated twice and greatly expanded its hours, services, and programs. Thanks to a successful capital campaign, Community Health owns the building that houses its West Town clinic. The West to clinic was renamed the Lederman Family Health Center in 2005, in recognition of a major gift from longtime friend and contributor Sam Lederman. In 2010, Community Health opened a second clinic in Chicago's south side Englewood neighbourhood. Today, we are the largest free clinic in the nation, providing more than 20,000 medical and dental visits and filling over 69,000 prescriptions for our patients annually.

By the 18th Century, the nature of disease was not yet known. Illness was attributed to various causes such as the smell emanating from decay of organic matter, mist, evil spirits, Gods, departed ones and witches. Disease like malaria was said to be caused by bad air (malaria gas) coming out of the marshy area (gas formed by dead vegetable matter under the surface of water in a marsh).

For any particular disease, the knowledge of causative agents, mode of transmission and prevention was completely lacking, medicine was individualized and was almost completely curative in character.

Although there had been repeated epidemics of serious infectious disease, little had been achieved in preventing illness. The first preventive measure came with Jenner's discovery in 1790 that an infection with cowpox protected against smallpox, but the mechanism of this protection was not properly understood.

By 1837, there was a shift from the concern of the individual to that of the community. This means that the health of the members of the community started to receive some attention.

With the development of medical statistics by William Farr, it became possible to assess the health of any community. William Farr was the first person to tackle the issue of collecting and analyzing records of illness, birth, deaths etc, thus revealing the mortality and morbidity of a disease in a particular community. By 1839, there has been much concern about community health and by 1847 some towns like Liverpool appointed Medical Officer of Health to be responsible for the health of the community.

In 1847, there was an outbreak of cholera in some parts of Britain. This outbreak forced the government to act swiftly by passing the first public health act in 1848. A general board of health was set up and the removal of public health nuisances forced people to observe certain public health measures. Better personal hygiene was enforced. Use of soap was popularized by the removal of the sales tax on it. Use of soap led to the elimination of typhus which is spread by lice. Quarantine and community health departments as we have them today came into being.

In 1854, another cholera outbreak occurred and this reached epidemic proportion. It was during this epidemic that John Snow demonstrated epidemiologically that cholera was spread by water. It was Snow who showed that water contaminated with faeces could lead to the spread of cholera. At about the same time Budd in Bristol also showed typhoid fever could be spread through contaminated water.

With the knowledge of the spread of these two infectious bacterial diseases, interest and efforts were directed to improve the standard of water supplies and methods of disposal of sewage.

3.3 Definition of Public health

Public health has been defined as the science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals. Analyzing the health of a population and the threats it faces is the basis for public health. The public can be as small as a handful of people or as large as a village or an entire city; in the case of a pandemic it may encompass several continents. The concept of health takes into account physical, psychological and social well-being. As such, according to the World Health Organization, it is not merely the absence of disease or infirmity.

ACTIVITY I

- i. Give Historical background of community health
- ii. differentiate between community health and public health

5.0 SUMMARY

In unit I, you have learnt about the definition and history of community health. You have also studied public and community Health.

6.0 ASSIGNMENT

- i. define community health and public Health
- ii. Give a brief historical background of Community Health

7.0 REFERENCE

Mohammed S., Suleiman, M.A., and Umar M., (2013). Handy Tabs on Health Education.
Zaria: Ahmadu Bello University Press Limited.

LINKS TO OER

<https://slideplayer.com/slide/7019922/>

http://www.afhsr.med.sa/web/he_obj_en.php

[http://wikieducator.org/Introduction to Health Education](http://wikieducator.org/Introduction_to_Health_Education)

UNIT 2: MEANING AND OBJECTIVE OF HEALTH EDUCATION

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1.0 INTRODUCTION

Health is a state of complete physical mental and social wellbeing and not merely the absence of disease or infirmity. (WHO 1946) The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. Even though the above definition of health given by WHO may be regarded as an ideal state of health, it enables us to recognize the variable which contributes to a healthy condition. It reflects the basic requirement for ensuring a happy and productive life and a quality of life that have always been associated with the characteristics of a healthy person.

The three perspectives from which healthy can be considered: physical, emotional, and social, are dynamic and interrelated. To be optimally healthy, a person must not only be physically fit but must be also be emotionally and socially stable. The physical health of an individual will definitely determine his emotional health, his social stability, and also his economic output.

Some authors argued that the best way to define health is to do so in functional or operational terms. That is, healthy person has to be considered in terms of what distinguishes a healthy person from a sick (unhealthy) person. A healthy person about his normal life, performing any chosen functions to the limit of his productive potentials except if he is prevented from doing so by external forces beyond his control, under normal circumstances, the more productive a person in the context of his latent ability, the healthier he is.

The protection and promotion of health is ultimately an individual responsibility. For examples, if a person is well informed about the causes of gonorrhea, he will still be a victim of it if he falls to protect himself against it. (the same is true for AIDS smoking etc).

Individuals keep on making progress toward survival all through their reality on earth. To endure, individuals before long understand that they needed to accomplish and keep up a particular dimension of well-being. No big surprise in pretty much every culture, well-being was and is an esteemed objective. Well-being has frequently been and is still seen by numerous individuals basically as the absence of a conspicuous disease, surficial this has all the earmarks of being sound, in any case, there are complexities.

Today, health is seen as more than the absence of sickness or disease or incapacitates, it is a positive innovative power enveloping an assortment of factor. These elements incorporate social-enthusiastic, profound, mental and social parts just as a physical measurement. health is gotten from Anglo-sat on the word. health implies sheltered, sound in entirety. In various dialects, health and wholeness, just as well-being and sacredness, are etymologically connected. Early people being likened with, prosperity, balance, entire, concordance these words are utilized to express the idea of health. Until 1947, health was viewed simply from physical points of view, as illustrated below or health is generally accepted to mean conditions of the body free from physical diseases.

- a. A condition of a living body in which all tissues are in standing soundness of integrity and organs perform their functions normally.
- b. A condition of the soundness of any living organism, that which all the natural functions are performed freely without the disease, freedom from sickness or decay.
- c. A state of being, hale, sound or whole in body, mind, or soul, being especially free from physical disease or pain.
- d. A state or condition when one falls well, the functions are doing their work, they intended to do and tissues are sound and unbroken.

All these definitions have two main defects:

They identified health as a state or condition of being which means, it does not account for variability within a particular individual and among groups of individual. Health is not very static.

A contemporary view of health views health as a process.

The second defect is that not one of these definitions goes beyond the physical dimension.

In this unit, you will learn about the meaning and objectives of Health Education. Health education was defined by various authorities in different ways. However, whatever the variations in these different definitions, all are geared towards attaining the same goal.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

i. -

HOW TO STUDY THIS UNIT

1. Read carefully this unit twice.
2. Take note of the important points and ideas.
3. Attempt the activities and assignment in this unit.

NOTE: All answers to the activities in this unit are at the end of this module.

3.0 Main content

3.1 HEALTH EDUCATION

Health education is defined by the world health organization (W.H.O) as a state of complete physical, mental and social well-being no merely the absence of disease or infirmity.

Health education is the sum of experience which favourably influenced habit, attitudes and knowledge related to individuals and the community. Health education is the translation which is known about health into desirable individual and community behavioural patterns by means of educational processes.

According to Mohammed, Suleiman and Umar (2013) health education is the combination of learning or opportunities and teaching activities designed to facilitate voluntary adaptation of behaviour that is conducive to health.

3.2 OBJECTIVES OF HEALTH EDUCATION

To develop the kind of educated person who understands the basic facts about health, disease, protection, promotion, and implementation of health and that of his community.

To contribute not only to healthful learning but to understand and appreciate the use of health services.

To help the student acquire knowledge, habits and attitude which will contribute to the individual's health.

To outline the activities and relationship of different members of the school health team.

Health education also prefers the teacher to understand the child sociologically, psychologically and emotionally.

To acquire certain basic skills in maintaining the optimum and emotional environment through the desirable interpersonal environment.

To maintain the standard health of an individual and serve as an example to others.

To know more about various diseases and communicable diseases.

To provide emergency care services to injured and accident victims in our community.

To provide a kind of research in the area of health.

The need for nutrition education as an implement aspect for the promotion of health-full living.

The awareness of the fact that we live in a natural world of later dependence and social interaction.

The development of health education consciousness among children who will become future parents.

Effective promotion of growth and development of every child, taking into consideration his health needs, problems and interests.

Promotion of safety consciousness among children.

The awareness that disease has no bounds and so they should be prevented and controlled effectively.

The awareness of the co-operative efforts among schools, home and community in health promotion.

6.0 ACTIVITY I

- i. State two (2) definitions of Health Education
- ii. Enumerate five (5) objectives of Health Education

5.0 SUMMARY

In unit I, you have learnt about the different definitions of Health Education. You have also studied the objectives of Health Education.

6.0 ASSIGNMENT

- i. State two definitions of Health Education
- ii. Outline Five (5) objectives of Health Education

7.0 REFERENCE

Mohammed S., Suleiman, M.A., and Umar M., (2013). Handy Tabs on Health Education.
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<http://myabsfitnesspro.blogspot.com/2013/02/concept-aim-and-objectives-of-health.html>

UNIT 3: HEALTH EDUCATION SERVICES

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1.0 INTRODUCTION

School health programme is aimed at helping school children in attaining optimal potential for growth in physical mental emotional and educational development. The programmer has a two-fold purpose one of providing and disseminating health knowledge and second, of improving the health of school children.

School health programmer encompasses three major components namely;

- i. School health services.
- ii. Health promoting school environment.
- iii. School health curriculum.

The school health services which are the focuses of this unit focus on the following:

Health appraisal: Periodic growth monitoring and medical examination.

- Immunization against common childhood diseases.

- Emergency care facilities for emergency medical care of children and first aid.
- Referral health services.
- Care of common illness.
- Follow-up is necessary to ensure that the child complies with the necessary advice.

The school should health committee recommended medical examination of children at the time of entry and thereafter every four years. The initial examination consists of a thorough history taking and physical examination of the child.

In the previous unit, you have learnt about the concept and objectives of Health Education. In this unit, you are going to learn about Health Education Services and School Health Education Services. This deals with the various services rendered in Health Education both in schools in Nigeria and other parts of African countries.

Table showing Routine Immunization Schedule for Children less than 1 year

Vaccine	No of Doses	Age	Minimum Interval between doses	Route of Administration	Dose	Vaccination site
BCG	1	At birth or as soon as possible after birth	-	Intradermal	0.05ml	Upper left arm
OPV	4	At birth and at 6,10, and 14 weeks of age	4weeks	Oral	2drops	Mouth
DPT	3	At 6,10, and 14 weeks of age	4weeks	Intramuscular	0.5ml	Outer part of thigh
Hepatitis B	3	At birth,6 and 14 weeks of age	4weeks	Intramuscular	0.5ml	Outer part of thigh
Measles	1	at 9months of age	-	Subcutaneous	0.5ml	Upper right arm
Yellow fever	1	at 9months of age	-	Subcutaneous	0.5ml	Upper right arm

Figure1. Immunization Chart



Figure2. First Aid Kit

2.0 OBJECTIVES

At the end of this lesson, you should be able to:

- i. Define Health Education Services
- ii. State the meaning of School Health Education Services
- iii. Explain the various types of Health Education Services
- iv. List the types of Health Services rendered in the different communities in Nigeria
- v. Explain the components of Health Education Services. E.g. preventive services, clinical services, curative services

HOW TO STUDY THIS UNIT

1. Go through this unit twice.
2. Note the important points and ideas.
3. Attempt the activities and assignment in this unit.

NOTE: All answers to the activities in this unit are at the end of this book.

3.0 MAIN CONTENT

3.1 HEALTH EDUCATION SERVICES

These are services offered by various organizations of the government including some agencies at various levels to conserve, improve and supervised health needs of the body.

Also, health education services are actions taken to diagnose, prescribe, treat and prevent diseases with the community and nation as a whole.

Health education services are medical attention given by specialist to improve and develop the lives of these people.

SCHOOL HEALTH EDUCATION SERVICES

School health education services include all school activities and procedures designed to improve the present health status of the children and school personnel e.g. Appraisal of student health, improving, prevention and control of diseases, correction of physical defect, health guidance and supervision of the child within the school premises.

Each state, federal government ministry of health, through the local government authority help to keep the health of the nation under supervision. They provide infrastructure and

facilities for basic communities for the upkeep of the public health. Certain services have been rendered at each level of one government which may include

- a. Provision of good housing.
- b. Provision of good roads.
- c. Provision of potable water, sewage and refuse disposal, an inspection of public places, an inspection of good food and eating places-such as other public restaurants, an inspection of slaughterhouses-Amateurs, an inspection of hospitals including clinic services, preventive services and curative services.

CLINICAL SERVICES

Clinical services include:

Government and private hospital where diseases are diagnosed and treated in the areas. There are needs of a regular health program for the enlightenment of the masses or public on certain diseases or issues affecting their own health.

There's a need for an easy asset to obtain various information for the above services. There are officers to carry out or manage these services e.g. Doctors etc. prevent the services method:

PREVENTIVE SERVICES METHOD

These include education concerning prevailing health problem and method of preventing and controlling them. Preventive services also include prevailing and controlling if locally endemic and rependermic diseases. Preventive services include

CONTROL OF COMMUNICABLE DISEASES

Good hygiene environment

Health education of the masses through lectures, seminars, conferences through the use of various teaching aids such as posters, magazines and health-related books.

Through examination programmes

Through x-rays.

Through child and maternal clinics.

Production of statistics to deal with future matters, emergency care and first aid care.

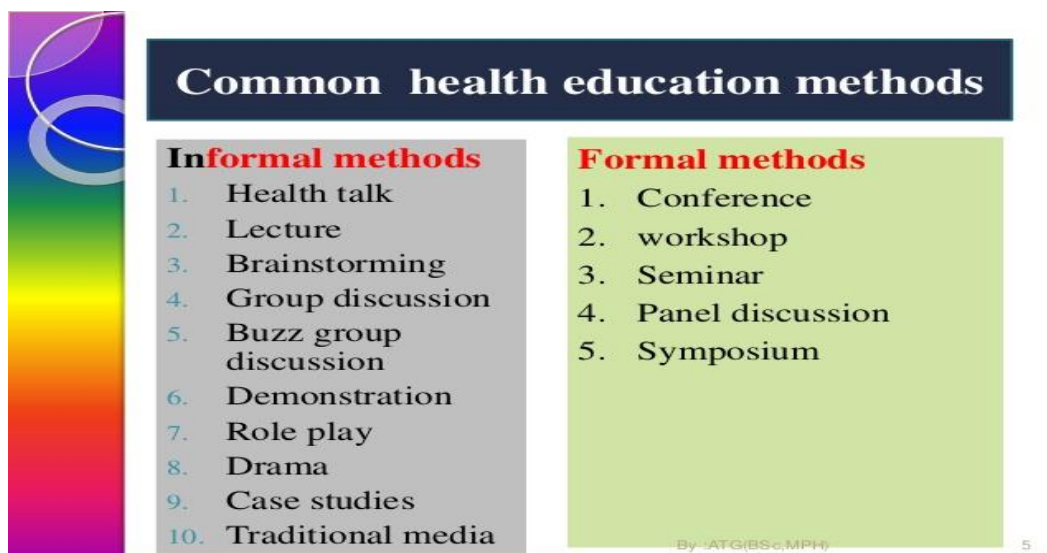


Figure 3.

CURATIVE SERVICE

This include government hospitals and private hospitals where diseases are treated (through various tests)

ACTIVITY I

- i. Define Health Education Services?
- ii. State three Health Services rendered in the hospitals

3.2 HEALTH EDUCATION SERVICES BEING RENDERED IN MOST PARTS OF THE AFRICAN COUNTRIES ESPECIALLY IN NIGERIA

Today in Nigeria we are most concerned with problems related to:

1. Chronic diseases, how to prevent them and control them. Other areas expanded by immunization campaign against six communicable diseases e.g. malaria
2. Endemic diseases e.g. eradicating guinea worm and river blindness. Chronic diseases such as lung cancer, cancers, kidney problems.
3. Warning against aids-Told how aids kill.
4. Safety control on our road- oral rehydration therapy.
5. Promotion programme i.e. population control measures through rapid programmes.
6. Safety and high nutrition-family health.
7. Maternal and child health care services.
8. Occupational and industrial health services.
9. Dental health services.
10. Drug abuse and mental illness.

ACTIVITY II

- i. State three Health Education services in the hospitals

6.0 SUMMARY

You have learnt in the unit the concept of Health Education Services, the services rendered in the hospitals and the communities in Nigeria and other parts of African countries.

ASSIGNMENT

1. Define the term Health Education Services
2. Explain the following
 - a. Preventive service
 - b. Clinical service
 - c. Curative service
3. List five (5) Health Education Services rendered to the different communities in Nigeria

LINKS TO OER

<https://olin.msu.edu/healthpromo/default.htm>

<https://www.youtube.com/watch?v=uwNNzsIkjiY>

<https://www.coursera.org/lecture/humanitarian-public-health/types-of-health-services-Xl2sQ>

<https://study.com/academy/lesson/health-services-definition-types-providers.html>

<https://www.coursera.org/lecture/healthcare-delivery-providers/2-1-3-what-services-do-hospitals-provide-O7u10>

UNIT 4: THE GOALS OF THE NATIONAL HEALTH POLICY

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 1the Goals of the National Health Policy

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

As the world continues to experience advances in technology, it is always hoped that such feats will lead to an improvement in the quality of life of the people. The health of an individual is the sum total of a number of factor ranging from environmental, socio-cultural, political, genetic and behavioural, to health care delivery. At political independence, many developing countries, rather take a holistic view about their health care services, decided to copy and build on systems inherited from their colonial masters. Unfortunately, such systems did not adequately address the health needs of the emerging nations as the social, cultural, technological and physical environments were and are still different. With the downturn in their economics, this inherited structure and system began to collapse.

In the last two and a half decades, many of the diseases that were thought to be declining and those previously unknown have become major public health problems these are called by experts in the field of health new and re-emerging diseases. Malaria, for example, is on the increase due to the resistance of the causative organisms (*Plasmodium* species) to chloroquine and some other anti-malaria too, is drug-resistant tuberculosis now on the increase in both developed and developing nations of the world. In the midst of this misfortune, HIV/AIDS has visited mankind with its heavy toll. The way out therefore is to review ways and means of ensuring that people lead qualitative and rewarding lives through effective health education, information and communication. The focus of the national health policy is the provision of health services to all through primary health care services. Ever one has the right to a standard of living adequate for the health and well-being of himself and his family.

This unit will acquaint you with knowledge about the goals for which the National Health Policy was established. This goal is based on the establishment of a comprehensive health care system based on Primary Health Care.

2.0 OBJECTIVES

At the end of this lesson, you should be able to:

- i. State the aims of the National Health Policy
- ii. List the goals of National Health Policy

HOW TO STUDY THIS UNIT

1. Read through or study this unit twice.
2. Take note of the important points and ideas in this unit.
3. Attempt the activities and assignment in the unit.

NOTE: All answers to the activities in this unit are at the end of this book.

3.0 MAIN CONTENT

3.1 THE GOALS OF THE NATIONAL HEALTH POLICY

The national health policy aims to achieve health for all Nigerians based on the national philosophy on social justice and equity.

A health system based on primary health care (PHC) is adopted for the means of achieving the goals, health for all by the year 2000.

THE GOALS (THE 2ND AIMS)

The goal of the national policy shall be to establish a comprehensive health care system based on (PHC) i.e. promoting protective, preventive, restorative and rehabilitative to every citizen of the country with the available resources so that individuals and communities are assured of productivity, social wellbeing and enjoyment of living.

The health services based on primary health care includes:

1. Education concerning prevailing problems and methods of preventing and controlling them.
2. Promotion of food supply and people's nutrition.
3. The adequate supply of safe water and basic sanitation.
4. Maternal and child health care including family planning. In this context, family planning refers to services offered to people to educate them about family life and encourage them to achieve their wishes with regard to preventing

- a. Unwanted pregnancy.
- b. Securing desired pregnancy
- c. Spacing of pregnancy
- d. Limiting the size of the family in the interest of the family and socioeconomic status. The method prescribed should be comfortable with their culture and religious belief.
- e. Immunization against the major infectious diseases, prevention and control of locally endemic and epidemic diseases. An appropriate treatment of common diseases and injuries, provision of efficient drugs and supply.

4.0 SUMMARY

In this unit, you have learnt about the goals of National Health Policy and the aims for which the policy is established.

5.0 ACTIVITY I

- i. State the aims of National Health Policy
- ii. List three (3) goals of the National Health Policy

6.0 ASSIGNMENT

1. State the aims of National Health Policy
2. Enumerate the goals of the National Health Policy

7.0 LINKS TO OER

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/nigeria/raft_nigeria_national_health_policy_final_december_fmoh_edited.pdf](http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/nigeria/draft_nigeria_national_health_policy_final_december_fmoh_edited.pdf)

<https://cheld.org/wp-content/uploads/2012/04/Nigeria-Revised-National-Health-Policy-2004.pdf>

<https://www.healthresearchweb.org/?action=download&file=RevisedNationalHealthPolicyDocument.pdf>

https://nigeriahealthwatch.com/link_library_category/health-financing/

UNIT 5: OBJECTIVES AND CONCEPT PRINCIPLES OF HEALTH EDUCATION

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 Objectives of Health Education

3.2 Concept Principles of Health Education

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

You will learn in this unit the objectives and concepts principles of Health Education

2.0 OBJECTIVES

At the end of this lesson, you should be able to:

- i. State the objectives of Health Education
- ii. Explain the concept principles of Health Education

HOW TO STUDY THIS UNIT

1. Read this unit twice and take note of the important points and ideas.
2. Answer all the activities and assignment in this unit.
3. Avoid looking at the answers in this unit before attempting the exercise.

NOTE: All answers to the activities in this unit are at the end of this book.

3.0 MAIN CONTENT: OBJECTIVES AND CONCEPT PRINCIPLES OF HEALTH EDUCATION

3.1 OBJECTIVES OF HEALTH EDUCATION

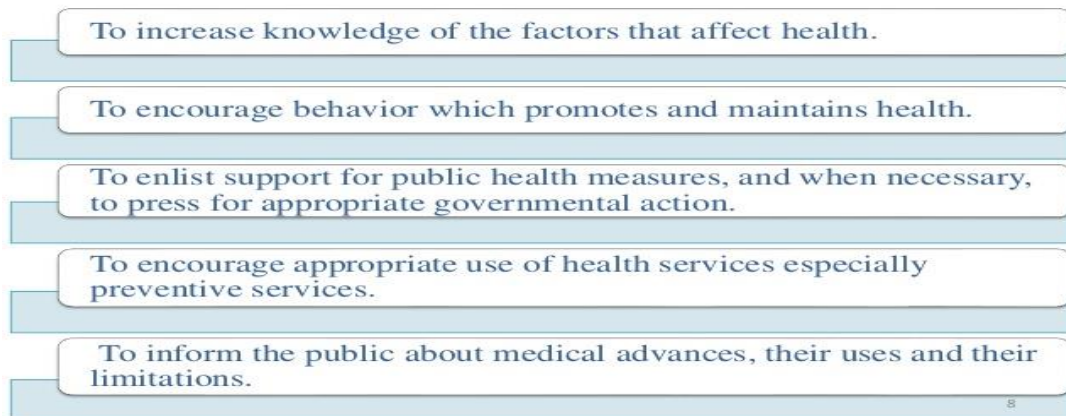
1. To apply the scientific knowledge to ensure good health
2. To understand the components of good mental health and the reaction of mental health to physical wellbeing.
3. To achieve a basic understanding of safe living and the application of the principles of safe behaviour in all situations.
4. To understand the scientific facts essential for maintaining a strong and disease resisting body

5. The practice of sound habit for healthy living

The individual objective of behaviour and actions are:

- a) To develop the correct attitude and habits or practice based upon knowledge
- b) To recognize that health is the joint responsibility of the individuals and the community

Specific Objectives of Health Education



3.2 CONCEPT PRINCIPLES OF HEALTH EDUCATION

1. Health education is concerned with daily living as it affects the family and the community in which we live. In other words, health education must not only relate to the familiar happenings of a child's life but also have meaning.
2. The needs and interest of the children based on their growth and development and background are guided to health education.
3. Health education should as far as it is possible to be positive in approach for this will ensure proper guidance to the child taught. While it is suggested that teachers should avoid moralizing about health matters. Children defiantly need guidance relative to their practice.
4. Develop an appropriate incentive for healthful living and should be used at the appropriate level-children have the desire and anxiety to grow-belong to a group.
 - It promotes healthful living attitudes, behaviours, motivation
 - This includes being assigned duty.

4.0 SUMMARY

You have studied in this unit the objectives and principles guiding health education.

5.0 ACTIVITY I

- i. State five (5) objectives of Health Education

- ii. Explain four (4) principles of Health Education

6.0 ASSIGNMENT

1. State and explain five (5) principles of health education for best practices
2. Discuss two (2) objectives of health education

7.0 LINKS TO OER

<https://www.kullabs.com/classes/subjects/units/lessons/notes/note-detail/487>

<https://www.youtube.com/watch?v=oPXDDhRpqN8>

<https://study.com/academy/lesson/what-is-health-education-definition-topics-role-in-society.html>

<https://slideplayer.com/slide/7019922/>

https://www.youtube.com/watch?v=sHEK7j6_GVw

MODULE 2: HEALTH CARE SYSTEM

UNIT 6: HEALTH CARE SYSTEM

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 Objectives of Health Care System

3.2 National Health Care System

3.3 Appropriateness of supportive Services

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

In many developing countries the organizations of health services reflect their political power structure. This is however for administrative convenience through health care is commonly on the concurrent list. In Nigeria, three levels of health care exist. They are Primary, secondary and tertiary levels.

This unit will acquaint you with information on Health system based on Primary Health care, the National healthcare system and the three (3) tiers of Health Care system.

2.0 OBJECTIVES

At the end of this lesson, you should be able to:

- i. State the objectives of the Health Care system
- ii. List the three (3) tiers of health care system
- iii. Explain the functions of each tier of the Health Care system

HOW TO STUDY THIS UNIT

1. Read this unit twice and take note of the important points and ideas.
2. Answer all the activities and assignment in this unit.

NOTE: All answers to the activities in this unit are at the end of this book.

3.0 MAIN CONTENT: HEALTH SYSTEM BASED ON PRIMARY HEALTH CARE

3.1 OBJECTIVES OF HEALTH CARE SYSTEM

1. Health system shall reflect the economic condition, socio-cultural and political characteristics of the communities as well as the application of the relevant result of socio-medical, health system research and public health experiences.
2. Address the main problem of the community, providing, promoting, preventive, curative, rehabilitating services according.
3. Should involve in addition to the home sector all related health sectors and the aspects of state and community development particularly agriculture, animal husbandry, food industry, education housing, public works communications, water supply and sanitation, and other sectors that demand the co-ordination and effort of all sectors.
4. Promote maximum community and individual self-reliance and participation in the planning organization, implementation and control state, federal government and other available resources. The government/country should develop through appropriate education and information for the ability of the community to participate in various programmes.

3.2 NATIONAL HEALTH CARE SYSTEM

In the national health policy, it was agreed that the federal, state and local government should support in the coordination of the care system of health care essentials fitness of the system should be comprehensive multi-sectional inputs, community involvement collaboration with non-governmental sectors to provide health services to his peoples.

PRIMARY HEALTH CARE SERVICES (PHC)

This is the level nearest to where the people live and work. Primary health incorporates preventive, promotive, rehabilitative and curative care with an emphasis on prevention. Most diseases responsible for morbidity and mortality in developing countries are preventable. If these conditions are prevented in the first instance, many resources will be saved. For these conditions are presented in the first instance, many resources will be saved. For this level to thrive, the communities must be involved in planning, implementation and evaluation of the system in line with the Alma Ata Declaration which states that “the people have a right to participate individually and collectively in the planning and implementation of their health care”. As a grass root participatory care, this is often the responsibility of that level of government nearest to the people e.g. the local government in Nigeria and district administration in most other African countries. Traditional healers operate at this level so long

as the people see them as being socially relevant to their own development. With the development and export of Chinese additional health care to the rest of the world, many developing countries are beginning to see the foolishness in distancing themselves from their indigenous/traditional health care. Not all aspects of traditional medicine are scientifically sound but what is required at this stage is the promotion of the positive aspects of the practice in the spirit of self-reliance.

The level of sophistication at the PHC level depends on the socioeconomic development of the people. Primary health care seeks to address the common health problems of the people. Health care facilities at this level include dispensaries, health posts, clinics, health centres, and comprehensive health centres, depending on the country.

SECONDARY HEALTH CARE SYSTEM

The health system is made up of similar sub-systems, which are supposed to relate positively with one another for the survival of the entire system. Conditions that cannot be successfully handled at the PHC level are supposed to be referred to the secondary level. The level of staffing and equipping here is higher than at an OHC level. Secondary Health Care is mostly disease-oriented and has facilities for out-patient and in-patient care covering various specialities like surgery, internal medicine, obstetrics and gynaecology as well as paediatrics. It has, in addition, facilities for laboratory and x-ray related services. Health care facilities under this system are hospital-oriented, varying from district to state and regional hospitals. Secondary health care level is also involved in the training of health manpower both for this level and PHC. Other areas of support (both moral and technical) to PHC include:

- i. Provision of dependable information on health for use by the communities and policymakers since they have the facilities for disease diagnosis, treatment and documentation.
- ii. Identify with primary health care to lead credibility to the system in view of the social status and academic achievement of some functionaries.
- iii. Promoting and organizing operational research aimed at problem-solving especially at the community level through the use of appropriate technology. Experience has shown however that many cases seen at the secondary level ought to have been filtered out and seen at the PHC facilities. This may be due to wrong planning and implementation of health programmers or that the PHC system has not made itself adequately relevant to the needs of the society.

TERTIARY HEALTH CARE SYSTEM

This is the apex and facilities belonging to this group including teaching and specialist hospitals. Most are owned by the national Governments. While some concentrate on only one speciality (e.g. orthopaedics, psychiatry, ophthalmology etc.) others cover services in many fields. It is also expected that cases that cannot be handled at secondary facilities be referred to these facilities for specialized care. In addition, this level serves as training centres for high calibre manpower for the health sector (e.g. doctors, pharmacist etc.). Many are affiliated to universities. This tertiary level also promotes research activities because of the high level of academic output expected of the system. Tertiary facilities also work closely with other research institutes, the industry, as well as other national and international agencies.

3.3 APPROPRIATE SUPPORTING SERVICE

Supporting services are incorporated into the development of this tertiary facilities, to provide effective peripheral system selected centres are encouraged to develop special expertise in the advance, modern technology, these by serving resources for evaluating and adopting this new development in the context of local needs and opportunities.

4.0 ACTIVITY I

- i. State two (2) objectives of healthcare system
- ii. Enumerate the three (3) tiers of healthcare delivery system
- iii. Explain the functions of the primary health care system

5.0 SUMMARY

You have learnt in this unit the objectives of the healthcare system and the functions of the three (3) tiers of the health care delivery system.

6.0 ASSIGNMENT

1. Explain three (3) objectives of the healthcare system
2. List the three (3) tiers of the healthcare system
3. Explain three functions of the tertiary healthcare system

7.0 REFERENCES

Paul, M.I and Walton, T.R (2004). Core Concept in Health. New York: The McGraw – Hill Company.

LINKS TO OER

<https://www.youtube.com/watch?v=LMHxxvbzFgc>

<https://study.com/academy/lesson/divisions-of-the-healthcare-system.html>

<https://www.cnbc africa.com/videos/2018/06/12/how-to-improve-nigerias-health-care-system/>

https://en.wikipedia.org/wiki/Health_system

UNIT 7: ROLES AND FUNCTIONS OF FEDERAL MINISTRY OF HEALTH

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 Objectives of Health Care System

3.2 National Health Care System

3.3 Appropriateness of supportive Services

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

In the previous unit, you have learnt about the healthcare system and the functions of the three tiers of the healthcare delivery system. Today, you will learn about the roles and functions of the Federal Ministry of Health in unit 5.

2.0 OBJECTIVES

At the end of this lesson, you should be able to:

- I. Identify the role of Federal Ministry of Health

HOW TO STUDY THIS UNIT

1. Read this unit twice and take note of the important points and ideas.
2. Answer all the activities and assignment in this unit.

NOTE: All answers to the activities in this unit are at the end of this book.

3.0 MAIN CONTENT

3.1 ROLES AND FUNCTIONS OF FEDERAL MINISTRY OF HEALTH

- a. The federal ministry of health shall:
 - i. Take the necessary action to have this national health policy reviewed and adopted by the federal government.
 - ii. Device a board strategy for giving effects to the national health policy through the implementation by federal, state and local government in accordance with the provision of the constitution;
 - iii. Submit from the approval of the federal government in board financial plan for giving effect to the federal component of the health strategy;

- iv. Formulate national health legislation as required, for the consideration of the federal government.
- v. Act as coordinating authority on all health workers in the country on behalf of the federal government, with a view to ensuring the implementation of this national health policy;
- vi. Assess the country's health situation and trends; undertake the related epidemiological surveillance and report there onto government;
- vii. Promote an informed public opinion on matters of health.
- viii. Support state through the local government in developing strategies and plan of action to give effect to this national health policy.
- ix. Allocate federal resources in order to foster selected activities to be undertaken by states and local government in implementing their health strategies.
- x. Issue guidelines and principles to help states prepare, manage, monitor and evaluate their strategies and related technical programmers, services and institutions;
- xi. Define standards with respect to the delivery of health care, and monitor and ensure compliance with them by all concerned health technology, including equipment, supplies, drugs, biological product and vaccines, in conformity with WHO's standards, the human environment; and education, training, licensing and ethical practice of different categories of health workers.
- xii. Promote cooperation among scientific and professional groups as well as a non-governmental organization in order to attain the goals of this policy.
- xiii. Monitor and evaluate the implementation of this national health policy on behalf of governmental and report to it on the findings;
- b. International Health: Federal ministry of health shall set up an effective mechanism for the coordination of external cooperation in health and for monitoring the performance of the various activities, this national health policy shall be directed toward:-
 - i. Ensure technical cooperation on health with other nations of the region and the world at large.
 - ii. Ensure the sharing of relevant information on health for the improvement of international health.
 - iii. Ensuring cooperation in international control of narcotic and psychotic substances;
 - iv. Collaboration with united nations agencies, organizations of African unity, west African health community and other international agencies on bilateral and/or regional

- and global health care improvement strategies without sacrificing the initiative of the nation, community and existing arrangements;
- v. Sharing of training and research facilities and the coordination of major intervention programme for the control of the communicable disease.

4.0 ACTIVITY I

- i. Explain five (5) roles and functions of the Federal Ministry of Health

5.0 SUMMARY

You have learnt about the roles and functions of the Federal Ministry of Health in the implementation and progress of the health policy in Nigeria.

6.0 ASSIGNMENT

- 1. State and explain five (5) roles played by the Federal Ministry of Health in the implementation and progress of Health policy in Nigeria citing relevant examples.

7.0 LINKS TO OER

[https://en.wikipedia.org/wiki/Federal_Ministry_of_Health_\(Nigeria\)](https://en.wikipedia.org/wiki/Federal_Ministry_of_Health_(Nigeria))

<https://health.lagosstate.gov.ng/responsibilities/>

<http://www.moh.gov.gh/category/role-functions-of-moh/>

https://www.who.int/hiv/pub/guidelines/nigeria_tb.pdf

<https://cheld.org/wp-content/uploads/2012/04/NATIONAL-HEALTH-MANAGEMENT-INFORMATION-SYSTEM.pdf>

UNIT 8: PRIMARY HEALTH CARE

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 Objectives of Health Care System

3.2 National Health Care System

3.3 Appropriateness of supportive Services

4.0 Activities

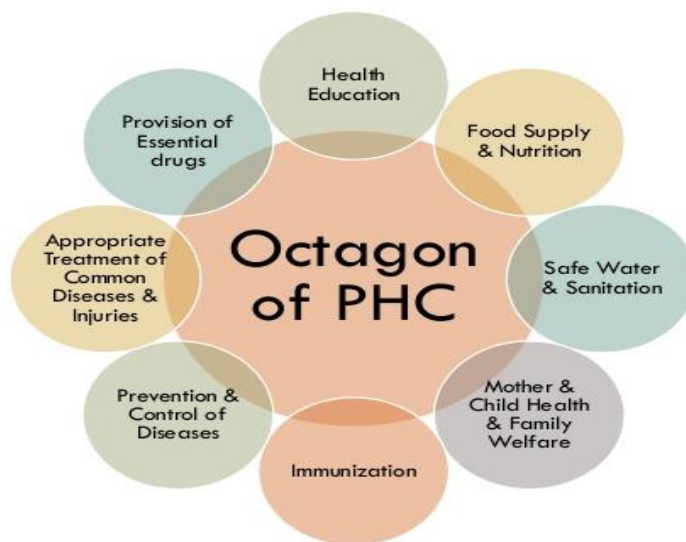
5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

Primary health care can be define as Essential Health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the country and community can afford.



2.0 OBJECTIVES

At the end of the topic you should be able to:

1. Health care delivery
2. Goals of primary health care in community health

3. Principles of primary health care
4. Essential component / elements of primary health care
5. Wellness

3.1 PRIMARY HEALTH CARE

“Everyone has the right to a standard of living adequate for the health and well being of himself and his family” The preamble to the WHO Constitution also affirms that it is one of the fundamental rights of every human being to enjoy “The highest attainable standard of health”. Increasing importance has been given to social justice and equity, recognition of the crucial role of community participation, changing ideas about the nature of health and development, the importance of political will called for new approaches to make medicine more effective in the service of humanity.

3.2 GOALS OF PRIMARY HEALTH CARE IN COMMUNITY HEALTH

The ultimate goal of primary healthcare is the attainment of better health services for all. It is for this reason that World Health Organization (WHO), has identified five key elements to achieving this goal:

- reducing exclusion and social disparities in health (universal coverage reforms);
 - organizing health services around people's needs and expectations (service delivery reforms);
 - integrating health into all sectors (public policy reforms);
 - pursuing collaborative models of policy dialogue (leadership reforms); and □
- increasing stakeholder participation.

Principles of primary health care

1. Equity
2. Community Participation
3. Intersectoral Coordination
4. Appropriate Technology
- 5 Multi-sectional approach

1.Equity/Equitable Distribution

The first key principle in primary health care strategy is equity or equitable distribution of health services. Health services must be shared equally by all people irrespective of their ability to pay and all (rich or poor, urban or rural) must have access to health

services. Currently health services are mainly in towns and inaccessibility to majority of population in the developing world.

2. Community Participation

Overall responsibility is of the State. The involvement of individuals, families, and communities in promotion of their own health and welfare is an essential ingredient of primary health care. PHC coverage cannot be achieved without the involvement of community in planning, implementation and maintenance of health services.

3. Intersectoral Coordination

Declaration of Alma –Ata states that PHC involves in addition to the health sector all related sectors and aspects of national and community development, in particular education, agriculture, animal husbandry, food, industry, education, housing, public works and communication.

To achieve cooperation, planning at country level is required to involve all sectors.

4. Appropriate Technology

Technology that is scientifically sound, adaptable to the local needs, and acceptable to those who apply it and those for whom it is used and can be maintained by the people themselves with the resources of the community and country can afford.

5. Multi-sectional approach

Recognition that health cannot be improved by intervention within just the formal health sector; other sectors are equally important in promoting the health and self reliance of communities. These sectors include, at least: agriculture (e.g. food security); education; communication (e.g. concerning prevailing health problems and the methods of preventing and controlling them); housing; public works (e.g. ensuring an adequate supply of safe water and basic sanitation); rural development; industry; community organizations (including local governments, voluntary organizations, etc.).

3.3 ESSENTIAL COMPONENT / ELEMENTS OF PRIMARY HEALTH CARE

1. Education concerning prevailing health problems and the methods of identifying, preventing and controlling them
2. Promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation
3. Maternal and child health care including family planning

4. Immunization against major infectious diseases
5. Prevention and control of locally endemic diseases
6. Treatment of common diseases and injuries
7. Promotion of mental health
8. Provision of essential drugs

Extended Elements in 21st Century

1. Expanded options of immunizations
2. Reproductive Health Needs
3. Provision of essential technologies for health
4. Health Promotion
5. Prevention and control of non-communicable diseases
6. Food safety and provision of selected food supplements

Millennium Development Goals

MDG's place health at the heart of development and represent commitments by governments throughout the world to reduce poverty and hunger and to tackle ill health

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equity
4. Improve maternal health
5. Reduce child mortality
6. Combat HIV/AIDS, malaria, and other communicable diseases
7. Ensure environmental sustainability
8. Develop global partnership for development

WELLNESS

Introduction

Wellness is a state of optimal well-being that is oriented toward maximizing an individual's potential. This is a life-long process of moving towards enhancing your physical, intellectual, emotional, social, spiritual, and environmental wellbeing.

Physician

A physician is a person who, having been regularly admitted to a medical school, duly recognized in the country in which it is located, has successfully completed the prescribed courses of studies in medicine and has acquired the requisite qualification to

be legally licensed to practice medicine (comprising prevention, diagnosis, treatment and rehabilitation) using independent judgment to promote community and individual health. (WHO, 1972)

Hospital

Hospital is a residential establishment which provides short-term and long-term medical care consisting of observational, diagnostic, therapeutic and rehabilitative services for persons suffering or suspected to be suffering from a disease or injury and for parturient. WHO 1963

Health Literacy

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.¹

Health literacy is dependent on individual and systemic factors:

- Communication skills of lay persons and professionals
- Lay and professional knowledge of health topics
- Culture
- Demands of the healthcare and public health systems
- Demands of the situation/context

Health literacy affects people's ability to:

- Navigate the healthcare system, including filling out complex forms and locating providers and services
- Share personal information, such as health history, with providers
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk

Health literacy includes numeracy skills. For example, calculating cholesterol and blood sugar levels, measuring medications, and understanding nutrition labels all require math skills. Choosing between health plans or comparing prescription drug coverage requires calculating premiums, copays, and deductibles.

In addition to basic literacy skills, health literacy requires knowledge of health topics. People with limited health literacy often lack knowledge or have misinformation about the body as well as the nature and causes of disease. Without this knowledge, they may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes.

Health information can overwhelm even persons with advanced literacy skills. Medical science progresses rapidly. What people may have learned about health or biology during their school years often becomes outdated or forgotten, or it is incomplete. Moreover, health information provided in a stressful or unfamiliar situation is unlikely to be retained.

4.0 ACTIVITIES

- i. Describe the component of primary health care

5.0 SUMMARY

This unit describe primary health care role in community and explained some of its components Such as health education, maternal and child health care etc

6.0 REFERENCES

Health systems".<http://www.who.int>. WHO World Health Organisation.

Retrieved 2013-11-24. External link in|website=(help)

Health at a Glance 2013 - OECD Indicators" (PDF)

.<http://www.oecd.org/health/health-systems/health-at-a-glance.htm>. OECD. 2013 11-21. pp. 5, 39, 46, 48. Retrieved 2013-11-24. External link in|website=(help)3

OECD. Stat Extracts, Health, Health Status, Life expectancy, Total population at birth, 2011"(Online Statistics).<http://stats.oecd.org/>. OECD's i-Library. 2013.

Retrieved 2013-11-24. External link in| website= (help)

7.0 LINKS TO OER

<https://www.youtube.com/watch?v=wVx-5wMqgyE>

https://en.wikipedia.org/wiki/Primary_healthcare

<https://www.youtube.com/watch?v=mvIjECmG00g>

<https://www.who.int/westernpacific/health-topics/primary-health-care/2>

https://www.youtube.com/watch?v=_EXy9DTDJu8

<https://www.bmj.com/primaryhealthcare>

UNIT 9: ROLES AND FUNCTIONS OF INTERNATIONAL ORGANIZATIONS

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 World Health Organization Roles and Function

3.2 UNICEF

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

In this unit, you will learn about the roles and functions of the International Organizations with specific attention on the World Health Organization (WHO) and United Nations Children Emergency Fund (UNICEF). The WHO and UNICEF are international organization aimed at assisting both developed and developing nations of the world in health promotion, guidance and development, particularly the health and wellbeing of both old, young, children, pregnant and nursing mothers. They also focus on disease control, prevention and research development.

ROLE OF INTERNATIONAL ORGANIZATIONS

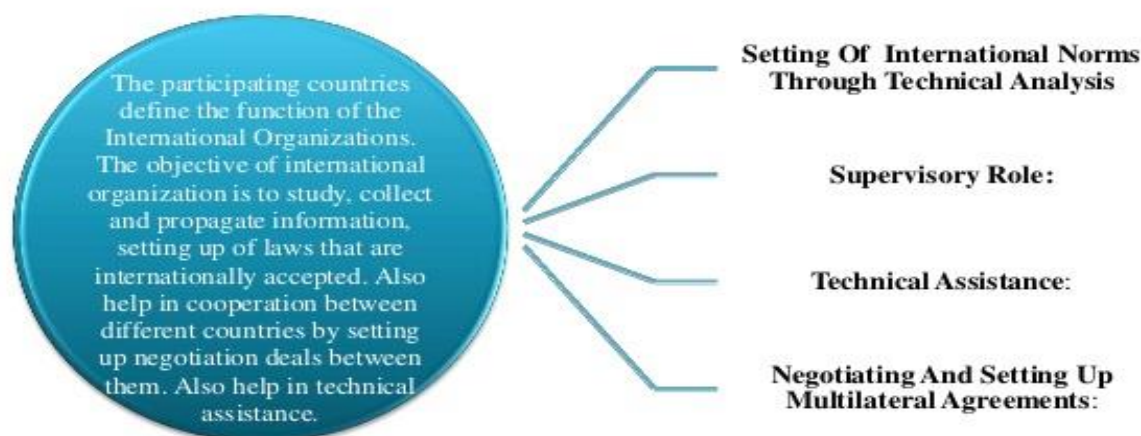


Figure 4: roles of international organization

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- i. State the roles, functions and objectives of the WHO and UNICEF
- ii. Enumerate the progress made in the areas of immunization, health sanitation and children health and welfare.

HOW TO STUDY THIS UNIT

1. Read this unit twice and take note of the important points and ideas.
2. Answer all the activities and assignment in this unit.
3. Avoid looking at the answers in this unit before attempting the exercise.

NOTE: All answers to the activities in this unit are at the end of this book.

3.0 MAIN CONTENT

3.1 WORLD HEALTH ORGANIZATION AND THEIR FUNCTIONS

A voluntary organization which has the following functions as highlighted by Piyush(2010):

1. To prevent the international spread of disease
2. Supply medical information gained from researches to member states.
3. Train medical personnel.
4. Coordinate international health activities.
5. Coordinate international health activities
6. Help, help fight major diseases.
7. They promote maternal and child health internationally
8. Advise and gave assistance to member states for improving sanitation and water supply
9. Promote mental health and human treatment of mental health
10. They provide epidemic warning
11. Standardization of drugs
12. They provide guarantee regulation
13. The supply literature on researches done in the various areas of health
14. They also coordinate researches on EPI, AIDS e.tc.
15. Provide health statistics in the area of health
16. Give advice and aids on individuals, government require the study of specific diseases as well as aids in injecting their health services.
17. They provide guaranteeing regulations
18. Provision of standardization of drugs
19. They provide health statistics to the areas of health

20. They also coordinate researches on EPI (Expanded programmes on Immunization) and AIDs.

PROGRESS MADE SO FAR IN THE AREA OF HEALTH SANITATION

Health education services in Nigeria has contributed to building up the health workers throughout the country in an effort to overcome the problem of diseases. Through health services made a great effort in training of staff medical doctor, technical doctor (e.t.c) is creating necessary equipment and developing district or local government communities and research centres had been set up for control of infectious and apparatus diseases.

PROGRESS MADE IN THE AREA OF IMMUNIZATION

- Environmental sanitation (the various campaign of keeping our environment clean)
- A centre of respiratory infection
- Malaria and venereal diseases
- Family planning malnutrition e.g due to the multiplication of tomatoes, beans e.t.c in our market
- Public health services centres or units have been set up in various levels of governments
- Drug enforcement area (illegal drug use, trafficking, control of drug) area of material is not much dying of children rather having healthy babies.

AREAS OF WEAKNESS IN IMMUNIZATION

1. Inadequate funding and poor management have reduced medical services to a state of paralysis in the health sectors from the primary health care level to the secondary health care to the apex-the tertiary.
2. Individual manpower
3. Lack of basic facilities
4. Inability to replace absolute and broken equipment

The 3-4 billion allocated to the health sectors (about 2% of the total budget against the world health organization recommendation of 5%) which is inadequate in meeting the health care delivery ratio is one of highest in Africa.

The material death rate is one of the highest in Africa and the world at large with 800 deaths per 100,000 we are now in the same league or sometimes lacking behind poorer nations.

Drugs which were better to the eradication or credibility of health care services frequently in short supply.

3.2 UNICEF: United National Children Emergency Fund: (An International Organization)

OBJECTIVES:

1. Deal with children problems
2. It supplies agencies concerned with the health and welfare of children and mother

FUNCTIONS OF UNICEF

1. It supports activities and drugs in rural areas on health
2. Supports diseases control out cases
3. Provides various equipment for children schools
4. Provides free milk to hospitals for infants and their mothers
5. They also train midwives
6. They provide ensure proper health conditions for mother and baby
7. Provision of drugs and good food supply.

4.0 ACTIVITY I

- i. Write the full meaning of:
 - a. WHO
 - b. UNICEF
- ii. Outline the roles and functions of
 - a. WHO
 - b. UNICEF
- iii. Explain the progress made by WHO in the areas of immunization

5.0 SUMMARY

You have learnt about the roles and functions of the WHO and UNICEF, their activities and progresses made in the areas of health development, immunization and child welfare in both developed and the developing nations of the world.

6.0 ASSIGNMENT

1. Discuss the progress made by WHO in the area of immunization

2. Write out the roles and functions of
 - a. WHO
 - b. UNICEF

7.0 REFERENCES

Piyush G. (2010). Textbook of Preventive and Social Medicine. Third Edition. India: Satish Kumar Jain Publishers, New Delhi – 110002,

LINKS TO OER

<https://www.ukessays.com/essays/international-relations/do-international-organizations-matter.php>

<https://www.kullabs.com/classes/subjects/units/lessons/notes/note-detail/157>

<https://study.com/academy/lesson/the-united-nations-history-role-in-international-politics.html>

<https://study.com/academy/lesson/the-role-of-non-state-entities-international-organizations-in-world-conflicts.html>

<https://www.kullabs.com/classes/subjects/units/lessons/notes/note-detail/154>

UNIT 10: ROLES OF THE STATES AND LOCAL MINISTRY OF HEALTH

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 Roles and Functions of State Ministry of Health

3.2 Roles and Functions of Local Government

3.3 Appropriateness of supportive Services

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

In this unit, you will learn about the roles of the states and local government ministry of health in Nigeria.

2.0 OBJECTIVES

At the end of this lesson, you should be able to:

- i. State and explain the roles of the state ministry of health

HOW TO STUDY THIS UNIT

1. Read this unit twice and take note of the important points and ideas.
2. Answer all the activities and assignment in this unit.
3. Avoid looking at the answers in this unit before attempting the exercise.

NOTE: All answers to the activities in this unit are at the end of this book.

3.0 MAIN CONTENT

3.1 ROLE OF STATE MINISTRY OF HEALTH

- a. The state ministries of health shall be strengthened so that they become the directing and coordinating authority on health work within the state.
- b. Ensuring political commitment:

1. The ministries of health shall direct activities according to the strategy for health and coordinate them on behalf of the government.
2. The ministries of health shall take initiatives to ensure the commitment of their government as a whole to the realization of this national health policy as adopted by all governments of the federation.

In addition, on behalf of the state governments, they shall make efforts to ensure the support of public figures and bodies as appropriate, such as political, religious, trade union and civic leaders, and influential non-governmental organizations. They shall mobilize popular support by involving individuals and families in their own health care and by involving them collectively in technical and financial community action for primary health care.

3. The ministries of health shall propose to their government's appropriate mechanism for ensuring the action required in all relevant social and economic sectors, such as inter-ministerial communities and multi-sectoral state health committees
4. The ministries of health shall advise on the introduction of health reforms and enabling legislation as necessary, for example, to define the right and obligations of people concerning their health as well as those of various categories of health workers and institution to protect people from environmental hazards; and to permit communities to develop and manage their health and related social programmes and services. Care should be taken to avoid protracted deliberations on legislation as a substitute for action, and to ensure that people understand the nature of the legislation and approve of it.

c. Ensuring economics support

- i. Ministries of health shall seize all opportunities of gaining the support of economic planners and institutions, by convincing them that health is essential for development, and that it contributes to production, and by refuting the contention that the pursuit of health consist merely In the consumption of scarce resources of marginally useful medical care that has limited impact on the health of people.
- ii. Ministries of health shall also display vigilance, employing specialized personnel if necessary, in order to ensure that health needs and protective measures are made integral parts of development projects, taking account of cost-effectiveness. For example, in irrigation schemes, dams and industrial development projects.

- d. Winning over professional groups: to ensure the support of the health professionals, ministries of health shall consider ways of involving them in the practice of primary health area and in providing support and guidance to communities and community health workers. To this end they shall approach the health and health-related professional organizations providing them with information holding dialogues with them, impressing upon them their social responsibilities and indicating how they can best discharge these responsibilities. They shall also consider ways of providing tangible incentives.
- e. Establishing a managerial process: ministries of health shall establish a systematic permanent managerial process for health development.
- f. Public information and education:
 - i. Ministries of health shall assume a highly captive role in disseminating the kind of information that can influence various target audiences. Thus statements on aims and potential socio-economic benefits of the state health strategy as well as progress reports on its implementation shall be disseminated to the public.
 - ii. Ministries of health in collaboration with local governments shall promote health education activities through health personnel and the mass media and in educational institutions of all types, with the aim of enlightening the whole population on good maintenance, the prevailing health problems in their state and community and on the most appropriate methods of preventing and controlling them.
- g. Financial and material resources: Just as the successful implementation of the state health strategy shall mean mobilizing all possible human resources, shall also depend on mobilizing all possible financial and materials resources. This implies, first of all, making the most efficient use of existing resources. At the same time, additional resources shall undoubtedly have to be generated.

In this context, the Ministries of health shall:

- i. Review the distribution of the state resources from all sources with particular reference to primary health care vis-à-vis secondary and tertiary level, urban versus rural areas, and to specific under-served groups.
- ii. Including an analysis of needs in terms of costs and materials in all consideration of health technology and of the establishment and maintenance of the health infrastructure.

- iii. Reallocate these resources as equitable as possible or, at least allocate any additional resources for the provision of the primary health centre, particularly for under served population groups.
 - iv. Consider the benefits of various health programmers in relation to the cost, as well as the effectiveness of different technologies and different ways of organizing the health system in relation to cost.
 - v. Estimate the order of the magnitude of the total financial needs to implement the state health strategy.
 - vi. Attempt to secure additional resources for the strategy if necessary, having shown they have made the best possible use of existing funds.
 - vii. Identify activities that might attract external support and federal government assistance.
 - viii. Present to their government a master plan for the use of all financial and material resources, including for example governmental direct and indirect financing, social security and health insurance scheme; local community solutions in terms of energy, labour, materials and cash; individual payments for services, and the use for grants.
-
- h. Intersectoral action: ministries of health have an important role in stimulating and coordinating action development, in particular, agriculture, animal husbandry, food, industry, education, housing, water supply, sanitation, communication, social development and non-governmental agencies.
 - i. Ministries of health shall approach another sector with a view to motivating them to take action in specific fields.
 - ii. Ministries of planning, finance and agriculture approached as appropriate, with a view to reaching a popular balance between food crops and cash crops;
 - iii. The agriculture and housing and public works sectors shall be approached with respect to the provision of safe drinking water and sanitation;
 - iv. Planning and development ministries shall be approached to ensure that proper attention is given to health aspects of development schemes, such as the prevention of certain parasitic diseases.
 - v. The education and cultural sectors shall be asked to participate in wide-ranging health education activities in communities, schools, and other educational institutions;

- vi. Those responsible for public works and communications shall be requested to facilitate the provision of primary health care, through improved communication, particularly for the dispersed population;
- vii. Access to the mass media shall be facilitated through ministries on information and the like;
- viii. The industrial sector shall be made aware of the measures required to protect the environment from pollution and to prevent occupational diseases and injuries.
- ix. The industrial sector shall also be requested, as the need arises, to consider the possibility of establishing industries for essential foods and drugs

Coordination within the health sector: To achieve coordination within the health sector ministries of health shall pay attention to the following:

- i. Collaboration between the various health services and institutions following arrangement on the allocation of responsibilities in order to make the most efficient use of resources. These include services and institutions belonging to the government, the private sector, non-governmental and voluntary in the health sector as well as women's youth organizations;
- ii. Collaborations between the various levels of the health system following agreement on the distribution of functions and resources.
- iii. Collaboration within and among the various categories of health workers following agreement on the division of labour.
- j. Organizing primary health care in communities: In order to facilitate intersectoral collaboration, primary health care shall be organized taking account of administrative boundaries. Communities shall be helped to organize themselves, and responsibility, authority, and appropriate budgets shall be delegated to them. The ministries of health shall provide guidelines and practical support as necessary to those communities that organize their own primary health care.
- k. Referral system
 - i. Ministries of health shall review the functions, the mechanism and institution in the health and related sectors, particularly at the first referral level, and shall motivate staff and retrain them as necessary to provide support and guidance to communities and community health workers
 - ii. Ministries of health shall develop a system of referral of patients and problems so that the first referral level is not overloaded with problems that could be dealt with by

primary health care in the community, and so that patients and problems are referred to those who sent them, accompanied by information on action taken and guidance for further action;

- iii. Ministries of health shall review transport and communication facilities together with local authorities and representatives of the other ministries concerned, to permit the referral systems to function efficiently.
- l. Logistics system: Ministries of health shall review their logistic system to ensure regular and timely distribution of supplies and equipment, as well as the availability of transport and its maintenance starting with facilities in communities and working centrally through intermediate to the peripherals
- m. Health Manpower.
 - i. State ministries of Health, in collaboration with the federal ministry of health and their ministries and educational bodies concerned, shall ensure the education and training of health manpower to perform functions that are relevant to the country's priority health problems.
 - ii. Ministries of health and other ministries concerned. For example, education, culture. Labor, finance and public administration, shall take steps to ensure that health workers are socially motivated and provided with necessary incentives to serve rural communities.
- n. Health Care Facilities:
 - i. Ministries of health together with ministries of local government and public works, shall review the distribution of existing health care facilities run by the state and local governments as well as other public, private and voluntary bodies, and shall continually update state master plans of requirement for health centres, clinics and for the first referral hospitals, accessibility to those most in need shall be the foundation of the health master plans.
 - ii. Ministries of health shall review the functions, staffing, planning, design, equipment, organization and management of health centres, clinics and first referral hospitals in order to prepare them for their wider function in support of primary health care. Before investing in a building, the cost of running them shall be carefully considered.
- o. Priority Health programmes: ministries of health shall identify priority health programmes in the light of the essential programmer elements of primary health care

and epidemiological situation in the state, and shall ensure that the delivery of those programmes is given top priority by all concerned.

- p. Health technology ministries of health shall make a systematic assessment of the health technology being considered for use in each priority programme with the aim of applying technology that is appropriate for the country or the state concerned.

3.2 ROLES AND FUNCTIONS OF THE LOCAL GOVERNMENT

- a. The constitution assigns to local government councils certain function which is essential elements of primary health care environmental sanitation provision and maintenance of health services as well as the provision and maintenance of primary education.
- b. With the general guidance, support and technical supervision of state health ministries, under local government council shall design and implement strategies to discharge the responsibilities assigned to them under the constitution and to meet the health needs of the local community.
- c. The motivation of the community: The local government council shall elicits the support of formal and informal leaders, traditional chiefs, religious and cultural organizations as well as other influential persons and groups in support of community action for health.
- d. Local Strategy for Health: The local government health authorities shall:
 - i. Determine how best to provide the essential elements of primary health are
 - ii. Identify for each priority programmer the activities to be carried out by individuals and families, by the communities, by the health service and by other sectors.
 - iii. Identify the support action required for each component of the programmer
 - iv. Provide relevant health information to the people on such matters as personal hygiene, environmental sanitation, such matters where a change in the lifestyle of the people can have a significant impact on their health status.
 - v. Design and operate mechanisms for involving the communities in the critical decisions about the health services
 - vi. Mobilize resources to support the health programme. This shall include the use of voluntary effort and other traditional methods of achieving community goals.

- vii. Ensure that the essential infrastructures for the primary health care programmes are available and well maintained with regard to physical facilities the emphasis should be on making sure that they meet the requirements for providing services but are not overly elaborate to the point where their maintenance constitutes a drain on resources
- viii. Collect relevant data about the health resources, the health status of the community and about their health behaviour including the utilization of health services such data shall form the basis of the information of the local health service.

4.0 ACTIVITY I

- i. Discuss the roles of the state ministry of Health

5.0 SUMMARY

You have learnt in this unit the various roles of the federal and states ministry of health in Nigeria.

6.0 ASSIGNMENT

- i. State and discuss five (5) roles of the federal ministry of health
- ii. Discuss three (3) major roles of the local government ministry of health in Nigeria

7.0 LINKS TO OER

[https://en.wikipedia.org/wiki/Federal_Ministry_of_Health_\(Nigeria\)](https://en.wikipedia.org/wiki/Federal_Ministry_of_Health_(Nigeria))

<https://health.lagosstate.gov.ng/responsibilities/>

<https://www.hsph.harvard.edu/voices/events/pate/>

UNIT 11: HEALTH FOR ALL

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 Health for all

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

You will learn about the concept of health for all by year 2020 in this unit.

2.0 OBJECTIVES

At the end of this lesson, you should be able to:

- i. define what health for all simply means
- ii. What is the concept of health for all

HOW TO STUDY THIS UNIT

1. Read this unit twice and take note of the important points and ideas.
2. Answer all the activities and assignment in this unit.

3.0 Health for All

A global health movement undertaken by the World Health Organization (WHO) in the late 20th century. In 1977, the World Health Assembly decided that the major social goal of governments and WHO should be the attainment by all people of the world by the year 2020 of a level of health that would permit them to lead a socially and economically productive life. In 1981, the Assembly unanimously adopted a Global Strategy for Health for all by the Year 2020. This was the birth of the "Health for All" movement.

According to WHO, "Health for All" does not mean an end to disease and disability, or that doctors and nurses will care for everyone. It means that resources for health are evenly distributed and that essential health care is accessible to everyone. It means that health begins at home, in schools, and at the workplace, and that people use better approaches for preventing

illness and alleviating unavoidable disease and disability. It means that people recognize that ill-health is not inevitable and that they can shape their own lives and the lives of their families, free from the avoidable burden of disease." Some progress toward these goals has been made, but the goals have clearly not yet been attained on a global level. In many countries including the United States, for example, it cannot be said that the "resources for health are evenly distributed and that essential health care is accessible to everyone. **Definition** Halfdan Mahler, Director General (1973-1983) of the WHO, defined Health For All in 1981, as follows:

Health For All means that health is to be brought within reach of everyone in a given country. And by "health" is meant a personal state of well-being, not just the availability of health services – a state of health that enables a person to lead a socially and economically productive life. Health For All implies the removal of the obstacles to health – that is to say, the elimination of malnutrition, ignorance, contaminated drinking water and unhygienic housing – quite as much as it does the solution of purely medical problems such as a lack of doctors, hospital beds, drugs and vaccines.

Health For All means that health should be regarded as an objective of economic development and not merely as one of the means of attaining it.

Health For All demands, ultimately, literacy for all. Until this becomes reality it demands at least the beginning of an understanding of what health means for every individual. Health For All depends on continued progress in medical care and public health. The health services must be accessible to all through primary health care, in which basic medical help is available in every village, backed up by referral services to more specialised care. Immunisation must similarly achieve universal coverage.

Health For All is thus a holistic concept calling for efforts in agriculture, industry, education, housing, and communications, just as much as in medicine and public health. Medical care alone cannot bring health to in hovels. Health for such people requires a whole new way of life and fresh opportunities to provide themselves with a higher standard of living. The adoption of Health For All by government, implies a commitment to promote the advancement of all citizens on a broad front of development and a resolution to encourage the individual citizen to achieve a higher quality of life. The rate of progress will depend on the political will. The World Health Assembly believes that, given a high degree of determination, Health For All could be attained by the year 2000. That target date is a challenge to all WHO's Member States. **Alma-Ata declaration**

In September 1978, the International Conference on Primary Health Care was held in Alma-Ata, USSR (now Almaty, Kazakhstan). The Declaration of Alma-Ata, co-sponsored by the World Health Organization (WHO), is a brief document that expresses "the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world." It was the first international declaration stating the importance of primary health care and outlining the world governments' role and responsibilities to the health of the world's citizens.

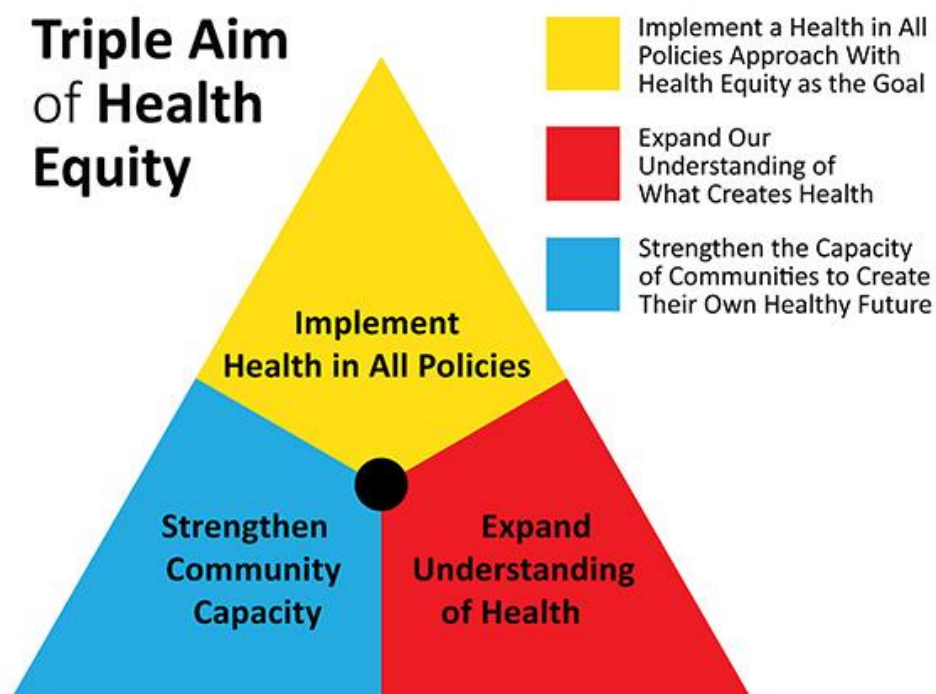
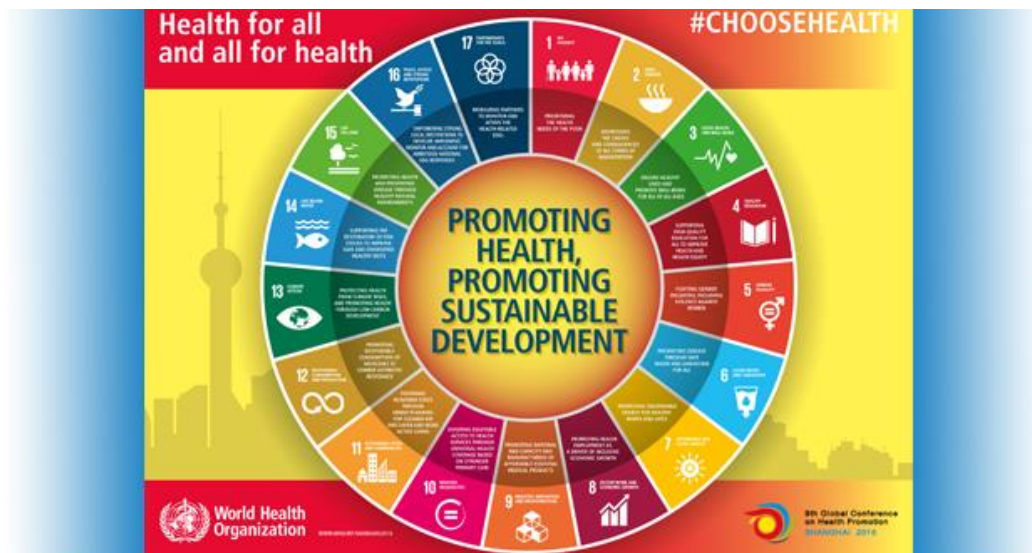
The Declaration of Alma-Ata begins by stating that health, "which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal . . . " It goes on to call for all governments, regardless of politics and conflicts, to work together toward global health. These are still some of the fundamental tenets that guide the work of the WHO today.

Those who ratified the Declaration of Alma-Ata hoped that it would be the first step toward achieving health for all by the year 2000. Although that goal was not achieved, the Declaration of Alma-Ata still stands as an outline for the future of international healthcare. **Description**

The conference called for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urged governments, the WHO, UNICEF, and other international organizations, as well as multilateral and bilateral agencies, non-governmental organizations, funding agencies, all health workers and the world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The conference called on the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of the declaration.

Summary

- The Alma Ata Declaration in 1978 expanded the approach to improving health for all people from the focus on doctors, hospitals and biomedical advances to include human rights, concern for equity and community participation.
- To pursue this goal, the member nations of the WHO committed their governments to accept Primary Health Care as their national policy.
- Implementing this policy proved to be challenging focusing on issues including whether action should focus on vertical disease programmes or holistic health programmes, how to define and pursue community participation and equity and how to finance PHC programme.
- A major concern was how to assess PHC interventions as experiences showed that implementation was contextual and not generalisable in great part because people did not behave the way professionals thought they should.
- Evidence suggests PHC needs to be understood as a process in the framework of complex interventions that consider not only outcomes/impact also why and how an intervention works/ does not work.



4.0 ACTIVITIES

II. What is the concept of health for all?

5.0 SUMMARY

The unit exposes you to the Alma Ata declaration that involves most countries of the world in which all countries of the world are expected to ensure basic health needs are available to all

6.0 LINKS TO OER

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=13&cad=rja&uact=8&ved=2ahUKEwjQsdTU2PzjAhUVonEKHb7zCcgQFjAMegQIARAB&url=https%3A%2F%2Fwww.slideshare.net%2Fmaheswarijaikumar%2Fhealth-for-all-84526863&usg=AOvVaw2iS7g5lCzkZjGdkksua2Y3>

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=1&cad=rja&uact=8&ved=0ahUKEwjFhZOJ2fzjAhWHTBUIHe6ABO4QtwIIKDAA&url=https%3A%2F%2Fwww.who.int%2Fcampaigns%2Fworld-health-day%2Fworld-health-day-2019%2Fpetition---health-for-all&usg=AOvVaw35RP2NjMN51cGUuZ_5SqvY

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=5&cad=rja&uact=8&ved=0ahUKEwjFhZOJ2fzjAhWHTBUIHe6ABO4QtwIIOAE&url=http%3A%2F%2Fwww.euro.who.int%2Fen%2Fmedia-centre%2Fevents%2Fevents%2F2018%2F04%2Fworld-health-day-2018-health-for-all&usg=AOvVaw3jYFPEOzGkBLAjdRKLZ4DJ>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=10&cad=rja&uact=8&ved=0ahUKEwjFhZOJ2fzjAhWHTBUIHe6ABO4QtwIISTAJ&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DqHcw2HPHW0s&usg=AOvVaw2ZbZ2DAoVolwlqXnKsCNDa>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=12&cad=rja&uact=8&ved=0ahUKEwjev5e22fzjAhVyRBUIHXB8Bis4ChC3AggqMAE&url=https%3A%2F%2Fwww.coursera.org%2Flecture%2Fhealth-for-all%2Fmodule-four-NYnih&usg=AOvVaw0C-2VOG6M6yspYYZs2-7uA>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=15&cad=rja&uact=8&ved=0ahUKEwjev5e22fzjAhVyRBUIHXB8Bis4ChC3Agg2MAQ&url=https%3A%2F%2Fwww.coursera.org%2Flecture%2Fhealth-for-all%2Fcourse-introduction-B2xfz&usg=AOvVaw3-0pTi18W2zovyxJ9dZnnC>

UNIT 12: COMMUNITY-BASED HEALTH AND EXTENSION SERVICES

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 Community-Based Health Services

3.2 Extension Services

3.3 Functions of the Public Health Inspectors

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

You will learn about the concept of community based services extension services and the functions of the public health inspectors in this unit.

2.0 OBJECTIVES

At the end of this lesson, you should be able to:

- i. Explain the concept of community-based health services
- ii. List the roles of community health centres.
- iii. State the functions of the extension services to the people
- iv. Enumerate functions of the public health inspectors

HOW TO STUDY THIS UNIT

1. Read this unit twice and take note of the important points and ideas.
2. Answer all the activities and assignment in this unit.

NOTE: All answers to the activities in this unit are at the end of this book.

3.1 COMMUNITY-BASED HEALTH SERVICES

These health services are part of community provision for improvement of the life and development of their people. Community health education is especially a matter of working with organizations voluntary, bodies, and groups.

The need to carry out any programme should be established before embarking on such a programme. In the case of a community health programme, there are certain things that need to be done to ensure adequate planning and its implementation. These things include:

1. **Community Diagnosis**

Community diagnosis includes collecting information essential for planning; such information as the community needs (including health needs), vital and social statistics of the disease or condition including age groups involved, geographical and climatic factors.

2. Prioritization of the Community health needs

It is important to note that community health needs may not necessarily be the same as authority health needs in terms of priority. However, where the community health need is the same as an authority health need, such a programme is likely to succeed.

3. Establishing Objectives

Objectives should be defined in terms of short range and long-range goals. Objectives may be stating

- a. exactly what specific information the public should acquire (e.g. mode of transmission of guinea worm)
- b. what micro conceptions will need to be corrected (e.g. that malaria is caused by an evil spirit)
- c. What specific attitude should be developed (e.g. indiscriminate deflation should be avoided)
- d. what actions of the people are desired either as individuals, families or community groups (e.g. need for participation).

4. Assessing the barriers to the health programme and how they may be overcome

- a. Other interests than health e.g. people are concerned with roads, agriculture, animal husbandry, schools etc.
- b. Community barriers e.g. language differences, literacy
- c. Geographical isolation e.g. people far removed from centres of health services, surrounded by mountains or water etc.
- d. Capacity and economic ability of people to take the necessary action e.g. do they have funds to obtain necessary food to improve nutrition and sanitation, can they afford to buy the necessary drugs etc.?
- e. Community's attitude toward programmes simulated or initiated by personnel from outside the community e.g. do the people see government programmes as a way to take their land, to impose taxes, are they willing to take on the additional responsibility required etc.

5. Appraising Apparent and Potential Resources e.g. their organizations, personnel, material and funds

- a. Organizations
 - i. The official health ministries, departments and authorities at all levels, directly responsible for health improvements.
 - ii. Other official agencies of government such as ministries of education, agriculture.
 - iii. The voluntary health agencies with an expressed interest in contributing in one way or another to the health of the people
- b. Personnel
 - i. Those in communication with the people e.g. community or village leaders, school teachers, religious leaders, agriculture extension workers etc. who can help to transmit health information and encourage action.
- c. Material and equipment for the educational phase of the programmer
 - i. Locally available resources and supplies e.g. cooking utensils, model latrines, hand washing facilities etc.
 - ii. Mass informational resources – newspapers, radio, television and what proportion of the population are reached through these media.
 - iii. Educational aids – pamphlets, posters, flannel, graphs etc.
 - iv. Transport to reach the people – are vehicles available
- d. The Funds
 - i. The amount available from the official agency;
 - ii. The amount that may be contributed by other organizations and agencies
 - iii. The amount that the people are willing and able to make available either as an individual or collectively.

6. Evaluation

Evaluation should be an integral aspect of a health programme. It must be planned and planned with all other parts of a programme.

Evaluation is an effort to learn what changes take place during and after an action programme and what part of those changes can be attributed to the programme. The American public health association defines evaluation as a process of determining the value or amount of success in achieving a predetermined objective.

Purpose of Evaluation

We evaluate to aid future planning and to improve programs. To add to the body of knowledge upon which our work is based. We evaluate to help achieve operational efficiency and related to this, to obtain administrative support, community support, even financial support. We evaluate for reasons associated with motivations to give staff and volunteers satisfaction and a sense of success.

7. Developing a detailed plan of operations

It is important to note that only on the basis of the essential facts the problem, the people, the resources, the possible barriers to the programme, a clear statement of objectives and method of evaluation could detailed plan for the health programme be made, which is necessary for securing the active participation of the people. In any community health programme, it is important to involve the community at each stage of the planning. This will enhance community participation.

Community health services are also controlled by local and state governments sometimes. The community provides facilities and infrastructure and levels the governments to commission and run those or various programmes or projects. Health centres set up by the community some of the epidemic projects is joint grand's agents by the state and local government. Some of the roles at this level e.g. setup for epidemic are:

1. To treat minor cases of illness and injuries
2. Treatment of minor accidents
3. Giving health counselling
4. Immunization treatments of pregnant women
5. Treatment of C.D

3.2 EXTENSION SERVICES

Functions of the public health services

1. The public health authority ensures that adequate and good water is supplied to all citizens.
2. Refuse disposal: authority provides vans for conveying refuse to incinerator burnt and destroy it/bury it.
3. To control housing conditions.
4. Control of injection diseases by administering immunization or vaccination.

5. Register birth and death in the hospital
6. Report to world health organization of an outbreak of diseases with the community.
7. Promote health education by various mean e.g. various media
8. Provide guaranty services like burden checking for both animal and human beings
9. Send laboratory labourers to clean the streets, tiding market places motor parks and collect waste materials into dustbins.
10. Approves plan for houses before built and inspect to see that builders comply with the specification.
11. Inspect amateur i.e. the veterinary doctor of the anty and supply satisfy that any slaughtered anime sound before it is being sold to the public.
12. Issue health certificates – it could be birth or death
13. They disinfect public houses/latrine.

Components of a successful community based program



Figure 4: component of a successful community based program

3.3 FUNCTIONS OF THE PUBLIC HEALTH INSPECTORS

- a) House inspection to discover whether there's over crowdedness in the area.
- b) The drainage system is adequate
- c) Whether refuse disposal is adequate
- d) Find out the general sanitary conditions of the surroundings (ditches) mosquitoes, breeding places or areas to ensure cleanliness and main hygienic conditions.
- e) They inspect water supply purity
- f) The advice the community, insect, pest vectors.

- g) Inspect hotels
- h) Inspect various parts such as a land seat and to make sure that passengers coming into the country possess a valid certificate.

4.0 ACTIVITY I

- i. What is community-based health services?
- ii. Explain the functions of the community health services to the people in Nigerian communities
- iii. List four (4) roles of the community extension services.

5.0 SUMMARY

You have learnt in this unit the roles and functions of the community extension services and the functions of the public health inspectors in Nigerian communities.

6.0 ASSIGNMENT

- 1. Outline and discuss five (5) functions of the community health inspectors in Nigeria.

7.0 LINKS TO OER

<https://www.odi.org/resources/docs/2660.pdf>

[https://www.jica.go.jp/jica-ri/IFIC and JBICI-](https://www.jica.go.jp/jica-ri/IFIC_and_JBICI-)

Studies/english/publications/reports/study/topical/health/pdf/health_10.pdf

<http://passaic.njaes.rutgers.edu/fchs/>

Unit 13: COMMUNITY NEEDS ASSESSMENT CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 Health for all

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

This unit narrates the steps involved in community need assessment

2.0 OBJECTIVE

At the end of this unit, you should be able to explain community need assessment and its steps

HOW TO STUDY THIS UNIT

1. Read carefully this unit twice.
2. Take note of the important points and ideas.

A NEED: anything one can not do without it, in other words, the concept of needs describes the situation or circumstances in which something is lacking or necessary or requiring some course of action to provide satisfaction.

TYPES OF NEEDS

1. felt needs
 2. express needs
 3. agency / organisation determine need.
- **FELT NEEDS**

These are what people “feel” or their wants. They only be the feelings of the individual people or wants shared by groups or majority of people in the community. These may therefore be an individual’s or community’s assessment of the present situation, discovering what is lacking and { {realising the potential for change. Felt needs may be expressed informally within the community.

- In terms of health promotion, felt needs may be the beliefs of the people about the extent and nature of the health problems, their causes and possibilities for prevention and cure. These are further influenced by the people's previous experience. Their culture, education, understanding of epidemiology and biology.

- **EXPRESS NEEDS**

These are needs that have been moved from the level of being felt to that of being brought to the attention of authorities at various levels (expressed) by requests, complaints, petitions etc. these needs have been spoken out or expressed in writing.

- **AGENCY / ORGANISATION DETERMINE NEEDS**

- These are products of decisions emanating from external Organisations to the Community. Organisational determined needs are what external organisations such as the Ministry of Health, Department Of Community Development, etc. have decided the community needs and may not necessarily reflect the felt needs of the people. These are determined from outside the community.

ROLES OF HEALTH WORKERS IN ASSESSING NEEDS

- Collecting information on health conditions with community members:
- Organise sessions for discussion of health needs with community members:
- Conduct regular health education activities to create awareness of health issues;
- Hold meetings with chiefs and opinion leaders to discuss the health issues;
- Hold regular meetings with other groups such as mothers, young unmarried women, young men, and fathers etc. to discuss their specific health problems;
- Discuss community health issues with DHMT and other health workers.

TYPES OF RESOURCES

The types of resources are: Natural, Man made and human resources.

- Community need assessment is done by gathering information.

=**PRIORITISATION OF COMMUNITY NEEDS** This can be achieved after gathering of data. After then.

- Educate community members on current national health priorities e.g. malaria.
- Educate on disease causation
- Help them to identify their major health problems
- Help them to diagnose their major health problems
- Help them to identify, available community resources
- Identify their own perception on local health needs.

HOW TO PRIORITISE

- Ranking
- Pocket vote (can be done through writing)
- Selection by showing of hands
- Standing in question behind symbols
- Discussion (all discuss and decides on one)
- OTHER NEEDS
- Health system needs.

It is a situation under health facility. The need is health system initiated. It can be the structure being too old or the health personnel i.e. the attitude which can drive patients away or the flow system which can be complicated.

- USER NEEDS
- These are needs of users of health facilities.
- COMMUNITY NEEDS

These are formulated by the community members.

GUIDELINES FOR CONDUCTING

- Gather background information about the community.
- Collect and review available literature
- Establish rapport with chief and community members
- Ask chief and opinion leaders about history and cultural practises
- Find out about various types of occupation of community members
- Ask about social amenities e.g. school, hospital, place of convenience (K.V.I.P)
- ASSESS THE STATE OF THE COMMUNITY AN ITS RESOURCES.
- Assess financial status (their source of income)
- Assess human resource status (e.g. their level of education)
- GATHER INFORMATION ABOUT HEALTH CONDITIONS IN THE COMMUNITY.
- Sources of water supply
- Sources of refuse disposal.
- GATHER INFORMATION ABOUT HEALTH RESOURCES IN THE COMMUNITY.
- Number of health facility
- Source of finance for health activities
- Logistics supply

- Community support
- GATHER INFORMATION ABOUT THE HEALTH BEHAVIOUR OF COMMUNITY MEMBERS.
- The use of health facilities
- Note services rendered and to whom
- Check on other sources of the services
- ASSESS THE STATUS OF FUNCTIONING HEALTH PROGRAMMES IN THE COMMUNITY.
- check action plan
- ask about the extent of work done
- check on plans for sustaining the programme
- RANK PROBLEMS TO PRIORITISE FELT NEEDS
- Explain importance of prioritising to community members.
- Help community members to prioritise the needs
- Rank needs with community members.
- PLAN PROGRAMME TO SOLVE FELT NEEDS
- Decide on short term or immediate plan
- Plan long term solution.
- EVALUATE PROGRAMME ACCORDING TO DESIRED SOLUTION
- Gather information on programme activity
- Analyse information collected
- Draw conclusion
- Make changes as appropriate.

GUIDE FOR PRIORITISING COMMUNITY NEEDS

- Create awareness of health issues through the following.
- Plan and decide on day of meeting chiefs, opinion leaders and other groups
- Book an appointment for the meeting
- Write to invite members.
- Hold meetings with chiefs and opinion leaders to discuss health issues.
- Hold regular meetings with other groups to discuss specific health issues.
- Assist member to list health needs in order of priority.
- discuss with members the alternative solutions for the identified needs.

4.0 ACTIVITY I

- i. Discuss the Basic Health Needs in Your Community

5.0 SUMMARY

This unit discusses need, types of needs as well as resources necessary for meeting community needs

6.0 ASSIGNMENT

- I. Mention any types of needs
- II. enumerate types of resources needed in meeting community requirement

7.0 LINKS TO OER

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=1&cad=rja&uact=8&ved=0ahUKEwjshMjG7fzjAhV8RRUIHQiKCw8QtwIIKDA&url=https%3A%2F%2Fwww.herd.org.np%2Fprojects%2F100%2Fread-more&usg=AOvVaw1ceW7EcHMEkzUMjkILrDkH>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=3&cad=rja&uact=8&ved=0ahUKEwjshMjG7fzjAhV8RRUIHQiKCw8QtwIILjAC&url=https%3A%2F%2Fstudy.com%2Facademy%2Flesson%2Finternal-strengths-weaknesses-in-swot-analysis-definition-examples-quiz.html&usg=AOvVaw3Iul5g3gSG9dcP1aVqsjE8>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=13&cad=rja&uact=8&ved=0ahUKEwiG1LOs9PzjAhUBu3EKHfQRBRU4ChC3A&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3D0ip5imNzLY4&usg=AOvVaw1tgdRlT1j8ta7HzH5po7no>

UNIT 14: COMMUNITY MOBILISATION AND COMMUNITY DIAGNOSIS

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 community

3.2 Techniques to involve a community

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

This unit explains the community mobilization, diagnosis, steps involve in mobilization and identification of health indicator in community analysis

2.0 OBJECTIVE

At the end of this unit, you should be able to

- I. define community mobilization and community diagnosis
- II. enumerate steps involved in community mobilization
- III. engage in community analyze by identifying health indicators

HOW TO STUDY THIS UNIT

1. Read carefully this unit twice.
2. Take note of the important points and ideas.

3.0 MAIN CONTENT

3.1 COMMUNITY

A community is a group of people, based on common values and norms, who live within a geographically defined area and who share a common language, culture or values In short, a community refers to an area or a village with families who are dependent on one another in their day-to-day transactions, thereby creating mutual advantages.

Concepts of community mobilisation

To mobilise is to get something or someone on the move. It follows then that community mobilisation is about organising the community and all the resources available in the community to move them towards achieving a certain health programme goal. Having this concept in mind, community mobilisation is defined as a capacity building process, through which individuals, groups and families (such as model families), as well as organisations, plan, carry out and evaluate activities on a participatory and sustained basis to achieve an agreed goal. This might be from their own initiative or a goal stimulated by others.

Community-based participatory approaches to community mobilisation will help to achieve reliable and sustainable healthy lifestyles and behavioural changes. Through community involvement, lay and professional people study health problems, pool their knowledge and experience, and develop ways and means of solving their health problems. Your role is to help the community organise itself so that learning will take place and action follows. The health activity cannot achieve the intended goals without involving the community. This can only be achieved by building on the community's knowledge and beliefs through a continuous dialogue, and not by dictating to them what they should do.

The advantages of community mobilisation

Key steps in community mobilisation

- Create awareness of the health issue
- Motivate the community through community preparation, organisational development, capacity developments and bringing allies together
- Share information and communication
- Support them, provide incentives and generate resources.

There are many tools and techniques for collecting information that will help you to know more about your community. Here are some examples:

- Direct observation
- Group interviews
- Sketching maps
- Role-plays
- Stories
- Proverbs
- Workshops.

For example, to find out about the history of the community, you can create a 'historic profile'. This allows you to become familiar with the history of the village chosen for community

mobilisation. A village history will include the significance of its name, the people who founded it, and the major events that have marked it through time.

3.2 Techniques to involve a community

For you to work best with the community, you need to identify the right people in the community who can explain to you their habits, customs, values, taboos and the rules of that community. These are sometimes called the community norms. You must also identify the people who can introduce you to the most influential members of the community, ask them to introduce you to other co-workers, and to the community as a whole. It is also good to know and develop relationships with other influential people within your localities, such as the religious leaders, in order to be accepted by the community. These influential people are often called opinion leaders and are important people to keep informed about the sorts of health issues you feel should be addressed. Indeed, as you move forward, everyone in the community needs to be informed about these matters.

To be involved in the community, you need to develop the required or acceptable behaviour. So you need to be polite, persuasive and be good at being a role model. This will involve you being patient, a good listener, tolerant and self-restrained, honest, open, non-judgmental and respectful.

Community diagnosis

Community diagnosis is a comprehensive assessment of health status of the community in relation to its social, physical and biological environment. The purpose of community diagnosis is to define existing problems, determine available resources and set priorities for planning, implementing and evaluating health action, by and for the community. Community diagnosis generally refers to the identification and quantification of health problems in a community as a whole in terms of mortality and morbidity rates and ratios, and identification of their correlates for the purpose of defining those at risk or those in need of health care.

“A means of examining aggregate and social statistics in addition to the knowledge of the local situation, in order to determine the health needs of the community”

Importance of Community Diagnosis

It helps to find the common problems or diseases, which are troublesome to the people and are easily preventable in the community.

Community diagnosis can be a pioneer step for betterment of rural community health.

It is a tool to disclose the hidden problems that are not visible to the community people but are being affected by them.

It helps to access the group of underprivileged people who are unable to use the available facilities due to poverty, prevailing discriminations or other reasons.

It helps to find the real problems of the community people which might not have perceived by them as problems.

It helps to impart knowledge and attitudes to turnover people's problems towards the light of solution.

Community Analysis:

Community analysis is the process of examining data to define needs strengths, barriers, opportunities, readiness, and resources. The product of analysis is the "community profile". Community Diagnosis is done using a tool called "Health Indicators" which are the variables used for the assessment of community health. Indicators must be valid, reliable, sensitive, specific, feasible and relevant.

Health indicators can be classified as:

1. Mortality indicators
2. Morbidity indicators
3. Disability rates
4. Nutritional status indicators
5. Health care delivery indicators
6. Utilization rates
7. Indicators of social and mental health
8. Environmental indicators
9. Socio-economic indicators
10. Health policy indicators
11. Indicators of quality of life
12. Other indicators

Principles of community health

As stated by WHO, community health refers to the problems affecting their health and to the totality of health care provided for the community. Health is considered in the broadest context of its contribution to social development. This

approach could be made and would differ from one country to the other, it would be generally based on restricted number of principle (Hebtsch, 1985) are described as follow:

1. Health care should be shaped around the life patterns of the population. It should serve and should meet the need of the community.
2. Primary health care should be an integral part of national health system and other echelons of services should be designed in support of the needs of the peripheral level, especially as related to technical, supply supervisory and referral agencies
3. Health care activities should be fully integrated with the activities of other actors involved in community development i.e., agriculture, education, public work, housing and communication.
4. The local population should be actively involved in the formulation and implementation of health care activities, so that health care can be brought into line with local needs and priorities. Decision s upon the community needs requiring solutions should be based on a continuing dialogue between the people and the services,
5. The health care offered should place a maximum reliance on available community resources, especially those which have hitherto remained untapped and should remained within the cost limitations relevant to each country.
6. Health care should be an integrated approach of preventive, promotive, curative and rehabilitative services for individual, family and community. The balance between these services would vary according to community needs and might well change over time.
7. The majority of interventions should be undertaken at the most peripheral practice level of the health services by the workers most suitably trained for performing these activities.

4.0 ACTIVITY I

- I. List tools and techniques for collecting information that will help you to know more

5.0 SUMMARY

This unit exposed you to the meaning of community, and techniques involved in the community mobilization as well as tool involved in collecting information from the community.

6.0 ASSIGNMENT

1. Define community
2. Explain techniques involved in collecting information

7.0 LINK TO OER

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=12&cad=rja&uact=8&ved=0ahUKEwiG1LOs9PzjAhUBu3EKHfQRBRU4ChC3AaggtMAE&url=https%3A%2F%2Fwww.unicef.org%2Fimmunization%2Fnigeria_70819.html&usg=AOvVaw0BRWLdnIgPkTscN3wmaMZ-

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=13&cad=rja&uact=8&ved=0ahUKEwiG1LOs9PzjAhUBu3EKHfQRBRU4ChC3AaggzMAI&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3D0ip5imNzLY4&usg=AOvVaw1tgdRIT1j8ta7HzH5po7no>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=17&cad=rja&uact=8&ved=0ahUKEwiG1LOs9PzjAhUBu3EKHfQRBRU4ChC3AghHMAY&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DhWsX2vu3PQU&usg=AOvVaw3KPj-umRqMS93mCxd7pJqT>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=20&cad=rja&uact=8&ved=0ahUKEwiG1LOs9PzjAhUBu3EKHfQRBRU4ChC3AghTMAk&url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fadults%2Findex.html&usg=AOvVaw0lhNtZGXVFlsXmPuT4vQn6>

UNIT 14: IMMUNIZATION

CONTENTS

1.0 Introduction

2.0 Objectives

3.0 Main content

3.1 community

3.2 Techniques to involve a community

4.0 Activities

5.0 Summary

6.0 Self-Assessment

7.0 Reference for Further Reading

1.0 INTRODUCTION

The unit discusses the concept of immunization, active and passive immunity as well as the immunization schedules and available vaccines for different health problem particularly for under 5 children

2.0 OBJECTIVE

At the end of this unit, you should be able to:

- i. define immunization
- ii. Identify types of immunization

HOW TO STUDY THIS UNIT

1. Read carefully this unit twice.
2. Take note of the important points and ideas.

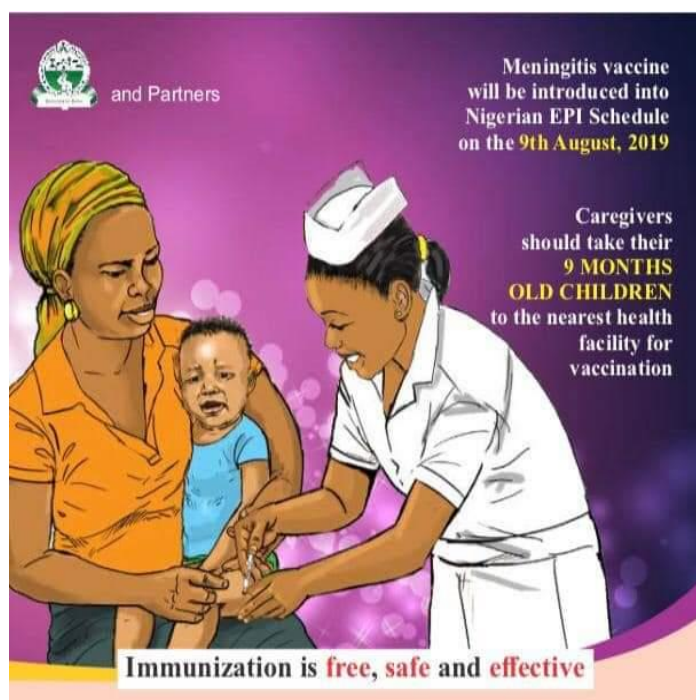


Fig 5

3.0 MAIN CONTENT

3.1 Immunization

Immunization, is the process by which an individual's immune system becomes fortified against an agent (known as the immunogen). When this system is exposed to molecules that are foreign to the body, called non-self, it will orchestrate an immune response, and it will also

develop the ability to quickly respond to a subsequent encounter because of immunological memory. This is a function of the adaptive immune system. Therefore, by exposing an animal to an immunogen in a controlled way, its body can learn to protect itself: this is called active immunization. The most important elements of the immune system that are improved by immunization are the T cells, B cells, and the antibodies B cells produce. Memory B cells and memory T cells are responsible for a swift response to a second encounter with a foreign molecule. Passive immunization is direct introduction of these elements into the body, instead of production of these elements by the body itself.

Immunization is done through various techniques, most commonly vaccination. Vaccines against microorganisms that cause diseases can prepare the body's immune system, thus helping to fight or prevent an infection. The fact that mutations can cause cancer cells to produce proteins or other molecules that are known to the body forms the theoretical basis for therapeutic cancer vaccines. Other molecules can be used for immunization as well, for example in experimental vaccines against nicotine (NicVAX) or the hormone ghrelin in experiments to create an obesity vaccine. Immunizations are often widely stated as less risky and an easier way to become immune to a particular disease than risking a milder form of the disease itself. They are important for both adults and children in that they can protect us from the many diseases out there. Immunization not only protects children against deadly diseases but also helps in developing children's immune systems. Through the use of immunizations, some infections and diseases have almost completely been eradicated throughout the United States and the World. One example is polio. Thanks to dedicated health care professionals and the parents of children who vaccinated on schedule, polio has been eliminated in the U.S. since 1979. Polio is still found in other parts of the world so certain people could still be at risk of getting it. This includes those people who have never had the vaccine, those who didn't receive all doses of the vaccine, or those traveling to areas of the world where polio is still prevalent.

3.2 History

Before the introduction of vaccines, people could only become immune to an infectious disease by contracting the disease and surviving it. Smallpox (variola) was prevented in this way by inoculation, which produced a milder effect than the natural disease. The first clear reference to smallpox inoculation was made by the Chinese author Wan Quan (1499–1582) in his *Douzhen xinfu* published in 1549. In China, powdered smallpox scabs were blown up the noses of the healthy. The patients would then develop a mild case of the disease and from then on were immune to it. The technique did have a 0.5–2.0% mortality rate, but that was considerably less than the 20–30% mortality rate of the disease itself. Two reports on the Chinese practice

of inoculation were received by the Royal Society in London in 1700; one by Dr. Martin Lister who received a report by an employee of the East India Company stationed in China and another by Clopton Havers. According to Voltaire (1742), the Turks derived their use of inoculation from neighbouring Circassia. Voltaire does not speculate on where the Circassians derived their technique from, though he reports that the Chinese have practiced it "these hundred years". It was introduced into England from Turkey by Lady Mary Wortley Montagu in 1721 and used by Zabdiel Boylston in Boston the same year. In 1798 Edward Jenner introduced inoculation with cowpox (smallpox vaccine), a much safer procedure. This procedure, referred to as vaccination, gradually replaced smallpox inoculation, now called variolation to distinguish it from vaccination. Until the 1880s vaccine/vaccination referred only to smallpox, but Louis Pasteur developed immunization methods for chicken cholera and anthrax in animals and for human rabies, and suggested that the terms vaccine/vaccination should be extended to cover the new procedures. This can cause confusion if care is not taken to specify which vaccine is used e.g. measles vaccine or influenza vaccine.

3.3 Passive and active immunization

Immunization can be achieved in an active or passive manner: vaccination is an active form of immunization.

Active immunization

Active immunization can occur naturally when a person comes in contact with, for example, a microbe. The immune system will eventually create antibodies and other defenses against the microbe. The next time, the immune response against this microbe can be very efficient; this is the case in many of the childhood infections that a person only contracts once, but then is immune.

Artificial active immunization is where the microbe, or parts of it, are injected into the person before they are able to take it in naturally. If whole microbes are used, they are pre-treated. The importance of immunization is so great that the American Centers for Disease Control and Prevention has named it one of the "Ten Great Public Health Achievements in the 20th Century". Live attenuated vaccines have decreased pathogenicity. Their effectiveness depends on the immune systems ability to replicate and elicits a response similar to natural infection. It is usually effective with a single dose. Examples of live, attenuated vaccines include measles, mumps, rubella, MMR, yellow fever, varicella, rotavirus, and influenza (LAIV).

Passive immunization

Passive immunization is where pre-synthesized elements of the immune system are transferred to a person so that the body does not need to produce these elements itself. Currently, antibodies can be used for passive immunization. This method of immunization begins to work very quickly, but it is short lasting, because the antibodies are naturally broken down, and if there are no B cells to produce more antibodies, they will disappear.

Passive immunization occurs physiologically, when antibodies are transferred from mother to fetus during pregnancy, to protect the fetus before and shortly after birth.

Artificial passive immunization is normally administered by injection and is used if there has been a recent outbreak of a particular disease or as an emergency treatment for toxicity, as in for tetanus. The antibodies can be produced in animals, called "serum therapy," although there is a high chance of anaphylactic shock because of immunity against animal serum itself.








 Current EPI Schedule in Nigeria				
Minimum Target Age of Child	Type of Vaccine	Dosage	Route of administration	Site
At birth 	BCG	0.05ml	Intra dermal	Left Upper Arm
	*OPV0	2 drops	Oral	Mouth
	**Hep B birth	0.5ml	Intra muscular	Antero-lateral aspect of Right thigh
6 weeks 	Pentavalent (DPT, Hep B and Hib) 1	0.5ml	Intra muscular	Antero- lateral aspect of left thigh
	Pneumococcal Conjugate Vaccine 1	0.5ml	Intra muscular	Antero- lateral aspect of Right thigh
	OPV1	2 drops	Oral	Mouth
	Rota 1	1ml	Oral	Mouth
10 weeks 	Pentavalent (DPT, Hep B and Hib) 2	0.5ml	Intra muscular	Antero-lateral aspect of left thigh
	Pneumococcal Conjugate Vaccine 2	0.5ml	Intra muscular	Antero- lateral aspect of Right thigh
	OPV2	2 drops	Oral	Mouth
	Rota 2	1ml	Oral	Mouth
14 weeks 	Pentavalent 3 (DPT, Hep B and Hib)	0.5ml	Intramuscular	Antero-lateral aspect of left thigh
	Pneumococcal Conjugate Vaccine 3	0.5ml	Intra muscular	Antero- lateral aspect of Right thigh
	OPV3	2 drops	Oral	Mouth
	IPV	0.5ml	Intramuscular	Antero- lateral aspect of Right thigh (2.5cm apart from PCV)
6 months	Vitamin A 1st dose	100,000 IU	Oral	Mouth
9 months 	Measles 1st dose	0.5ml	Subcutaneous	Left upper arm
	Yellow Fever	0.5ml	Subcutaneous	Right upper arm
	Meningitis Vaccine	0.5ml	Intramuscular	Antero- lateral aspect of Left thigh
15 months 	Vitamin A 2nd dose	200,000 IU	Oral	Mouth
	Measles 2 dose (MCV2)	0.5ml	Subcutaneous	Left upper arm
<i>*OPV0 must be given before the age of two weeks **Hep B at birth should be given preferably within 24 hours of birth but can be given up to 14 days of birth. BCG should be given within two weeks of birth and can be given up until 11 months.</i>				

Fig. 6

4.0 ACTIVITY I

- i. differentiate between active and passive immunity

5.0 SUMMARY

This unit covers the definition of immunization as a the process by which an individual's immune system becomes fortified against an agent (known as the immunogen). The unit further discussed the history as well as types of immunity. The unit presents a chart for immunization schedule in fig.6

6.0 ASSIGNMENT

- i. define immunization
- ii. identify and explain types of immunity

7.0 LINK TO OER

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=2&cad=rja&uact=8&ved=0ahUKEwiLm4Wx8fzjAhUytXEKHUgRD0QQtwIIKzAB&url=https%3A%2F%2Fwww.unicef.org%2Fimmunization%2Findex_2819.html&usg=AOvVaw3c6S1jIRpZmBpJP6e36AAX

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=3&cad=rja&uact=8&ved=0ahUKEwiLm4Wx8fzjAhUytXEKHUgRD0QQtwIIMTAC&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DvBKBsrnBdSI&usg=AOvVaw2riylDJvf4IiY_bZCqQjE0

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=6&cad=rja&uact=8&ved=0ahUKEwiLm4Wx8fzjAhUytXEKHUgRD0QQtwIIQzAF&url=http%3A%2F%2Fwww.euro.who.int%2Fen%2Fhealth-topics%2Fdisease-prevention%2Fvaccines-and-immunization%2Fvideo-gallery&usg=AOvVaw18xEpyssHMQdUBE2j3I-5>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=9&cad=rja&uact=8&ved=0ahUKEwiLm4Wx8fzjAhUytXEKHUgRD0QQtwIIQzAF>

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<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=video&cd=1&cad=rja&uact=8&ved=0ahUKEwiLm4Wx8fzjAhUytXEKHUgRD0QQtwIIKDAA&url=https%3A%2F%2Fwww.who.int%2Fcampaigns%2Fimmunization-week%2F2015%2Fen%2F&usg=AOvVaw1wyCaMbvZLgzNrZUuVczng>

UNIT 16: CONSOLIDATION

In unit I, you have learnt about the different definitions of Health Education. You have also studied the objectives of Health Education.

Unit II discussed the concept of Health Education Services, the services rendered in the hospitals and the communities in Nigeria and other parts of African countries.

Unit III taught the goals of National Health Policy and the aims for which the policy is established.

Unit IV dealt with the objectives of the healthcare system and the functions of the three (3) tiers of the health care delivery system.

You have also studied the roles and functions of the Federal Ministry of Health in the implementation and progress of the health policy in Nigeria in unit V.

You have learnt in unit VI about the roles and functions of the community extension services and the functions of public health inspectors in Nigerian communities.

You have learnt in unit VII about the roles and functions of the WHO and UNICEF, their activities and progresses made in the areas of health development, immunization and child welfare in both developed and the developing nations of the world.

You have studied in unit VIII the objectives and principles guiding health education.

You have learnt in unit IX the various roles of the federal and states ministry of health in Nigeria.

Answers were provided for the activities under each unit.

ANSWERS TO ACTIVITIES IN MODULE 3

ANSWERS TO ACTIVITY I IN UNIT 1

1. Health education is defined by the world health organization (W.H.O) as a state of complete physical, mental and social well-being no merely the absence of disease or infirmity.

Health education is the sum of experience which favourably influenced habit, attitudes and knowledge related to individuals and the community. Health education is the translation which is known about health into desirable individual and community behavioural patterns by means of educational processes.

2.
 - a. To contribute not only to healthful learning but to understand and appreciate the use of health services.
 - b. To help the student acquire knowledge, habits and attitude which will contribute to the individual's health.
 - c. To outline the activities and relationship of different members of the school health team.
 - d. Health education also prefers the teacher to understand the child sociologically, psychologically and emotionally.
 - e. To acquire certain basic skills in maintaining the optimum and emotional environment through a desirable interpersonal environment.

ANSWERS TO ACTIVITY I IN UNIT 2

1. These are services offered by various organizations of the government including some agencies at various levels to conserve, improve and supervised health needs of the body.
2.
 - Provision of good housing.
 - Provision of good roads.
 - Provision of potable water

ANSWERS TO ACTIVITY II IN UNIT 2

1.
 - Safety control on our road- oral rehydration therapy.
 - Promotion programme i.e. population control measures through rapid programmes.
 - Safety and high nutrition-family health.

ANSWERS TO ACTIVITY I IN UNIT 3

1. The national health policy aims to achieve health for all Nigerians based on the national philosophy on social justice and equity.
2.
 - a. Education concerning prevailing problems and methods of preventing and controlling them.
 - b. Promotion of food supply and people's nutrition.
 - c. The adequate supply of safe water and basic sanitation.

ANSWERS TO ACTIVITY I IN UNIT 4

1.
 - a. Health system shall reflect the economic condition, socio-cultural and political characteristics of the communities as well as the application of the relevant result of socio-medical, health system research and public health experiences.
 - b. Address the main problem of the community, providing, promoting, preventive, curative, rehabilitating services according.
2. Primary Health Care Services (PHC)
Secondary Health Care System
Tertiary Health Care System
3. Primary Health Care Services (PHC)
The system provides general health services of preventive, curative, promotive and rehabilitating nature to the population. The provision of services at these level is mainly the responsibility of the local governments with the support of the state ministry of health services at this level.

The traditional medical personnel also help to provide health services. The traditional medicine people should be trained to recognize high-risk cases for referral services.

ANSWERS TO ACTIVITY I IN UNIT 5

1. The federal ministry of health coordinates the activities of the national, state and local government ministries of health
2. They submit or approval to the federal government of Nigeria broad financial plan for each year budget.

3. Formulate national health legislation as required for consideration from the federal government of Nigeria. (provision for constitution power rulers).
4. The federal government act as coordinating authority in all health wards in the country on behave of the federal government.
5. The federal ministry of health assesses the country's health sanitation and trends (what is happening i.e. they under-take the epidemiology surveillance.

ANSWERS TO ACTIVITY I IN UNIT 6

1. These health services are part of community provision for improvement of the life and development of their people. Community health education is especially a matter of working with organizations voluntary, bodies, groups.
2.
 - a. To treat minor cases of illness and injuries
 - b. Treatment of minor accidents
 - c. Giving health counselling
 - d. Immunization treatments of pregnant women
 - e. Treatment of C.D
3.
 - a. The public health authority ensures that adequate and good water is supplied to all citizens.
 - b. Refuse disposal: authority provides vans for conveying refuse to incinerator burnt and destroy it/bury it.
 - c. To control housing conditions.
 - d. Control of injection diseases by administering immunization or vaccination.

ANSWERS TO ACTIVITY I IN UNIT 7

1. WHO: World Health Organization
UNICEF: United Nations Children Emergency Fund
2. **Functions of WHO**
 - a. Regular to prevent the international spread of disease
 - b. Supply medical information gained from researches to member states
 - c. Train medical personnel

- d. Coordinate international health activities
- e. Coordinate international health activities

Functions of UNICEF

- a. It supports activities and drugs in rural areas on health
 - b. Supports diseases control out cases
 - c. Provides various equipment for children schools
 - d. Provides free milk to hospitals for infants and their mothers
 - e. They also train midwives
3. a. Environmental sanitation (the various campaign of keeping our environment clean)
- b. A centre respiratory infection
 - c. Malaria and venereal diseases
 - d. Family planning malnutrition e.g due to the multiplication of tomatoes, beans e.t.c in our market
 - e. Public health services centres or units have been set up in various levels of governments
 - f. Drug enforcement area (illegal drug use, trafficking, control of drug) area of material is not much dying of children rather having healthy babies.

ANSWERS TO ACTIVITY I IN UNIT 8

1.
 - a. To apply the scientific knowledge to ensure good health
 - b. To understand the components of good mental health and the reaction of mental health to physical wellbeing.
 - c. To achieve a basic understanding of safe living and the application of the principles of safe behaviours in all situations.
 - d. To understand the scientific facts essential for maintaining a strong and disease resisting body
 - e. The practice of sound habit for healthy living
2.
 - a. Health education is concerned with daily living as it affects the family and the community in which we live. In other words, health education must not only relate to the familiar happenings of a child's life but also have meaning.
 - b. The needs and interest of the children based on their growth and development and background are guided to health education.

- c. Health education should as far as it is possible to be positive in approach for this will ensure proper guidance to the child taught. While it is suggested that teachers should avoid moralizing about health matters. Children defiantly need guidance relative to their practice.
- d. Develop an appropriate incentive for healthful living and should be used at the appropriate level-children have the desire and anxiety to grow-belong to a group.

ANSWERS TO ACTIVITY I IN UNIT 9

- 1.
 - a. Statewide planning
 - b. Guidance and assistance to local health department
 - c. Control of drug abuse
 - d. Control of venereal diseases.
 - e. Health problems related to welfare activities